

C 4432(1) (HEALTHY MATHS) *Cme*

Borough of



Cheltenham

# ANNUAL REPORT

ON THE

# Health of Cheltenham

**Vital Statistics, Sanitary Work, &c.**

FOR THE YEAR

**1954**

BY

**T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.**

MEDICAL OFFICER OF HEALTH  
AND SCHOOL MEDICAL OFFICER

Together with the Report of  
**F. R. JEFFORD, M.B.E., F.R.San.I., F.S.I.A.**

CHIEF SANITARY INSPECTOR

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*"Salus Populi Suprema Lex"*

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*Norman Brothers Limited, Cheltenham and London*



ackd. 16.11.55

M.B.F.



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Constitution of Committees as at 31st December, 1954

## Health Committee

Alderman LT.-COL. C. W. BIGGS, O.B.E. (*Chairman*)

Alderman A. J. BETTRIDGE (*Vice-Chairman*)

Councillor C. C. BARLOW

Councillor T. C. OWEN

Councillor R. F. BROOKES

Councillor J. W. O. POPE

Councillor A. Dodwell

Councillor T. M. RUCK

Councillor C. G. IRVING

Councillor A. E. TRIGG

### MEDICAL AND SCHOOL ATTENDANCE SUB-COMMITTEE

Councillor A. H. YATES (*Chairman*)

Councillor A. G. DYE

Councillor J. W. O. POPE

Councillor C. G. IRVING

Councillor W. M. TAYLOR

Councillor T. C. OWEN

### (*Members of the Council*)

Mrs. I. M. B. JAMES

Mr. H. J. NORRIS

Rev. H. E. B. HILLARY

Mr. L. J. RICHARDS

### (*Co-opted Members*)

# Health Department Staff

(as at 31.12.54)

Medical Officer of Health	}	<i>Thomas O. P. D. Lawson, M.D.,</i>
School Medical Officer		<i>D.R.C.O.G., D.P.H.</i>
Divisional Medical Officer	}	<i>Clive L. E. H. Sharp, M.R.C.S.,</i>
Deputy Medical Officer of Health		<i>L.R.C.P., D.P.H.</i>
Assistant School Medical Officer	}	<i>Brenda G. King, M.B., B.S., M.R.C.S.,</i>
Assistant School Medical Officer		<i>L.R.C.P.</i>
Chief Sanitary Inspector		<i>F. R. Jefford, M.B.E., F.R.San.I.,</i> <i>F.S.I.A.*</i>
Deputy Chief Sanitary Inspector		<i>J. F. Ursell, D.P.A., M.I.San.E.,</i> <i>F.S.I.A., M.R.San.I.*†</i>
District Inspectors		<i>A. L. Jones, M.S.I.A., San.Science</i> <i>R.S.I.*†</i>
		<i>H. Stone, M.S.I.A.*†</i>
		<i>J. A. McPherson, M.S.I.A., M.R.San.I.,</i> <i>M.Inst.M., M.R.S.A. (Scot)*†</i>
		<i>G. J. C. Buck, M.S.I.A., M.R.San.I.*†</i>
		<i>A. W. McCarthy, L.D.S.</i>
School Dentist		<i>Nurse M. Laffineur, S.R.N., R.F.N.</i>
School Clinic Nurses		<i>Nurse S. M. Read, S.R.N.</i>
		<i>Nurse A. Wood, S.R.N.</i>
		<i>W. H. G. Meakins</i>
Chief Clerk		<i>D. Y. Harrison</i>
Senior Clerk		
Medical Officer of Health's Secretary		<i>Miss G. W. Hiron</i>
Chief Sanitary Inspector's Secretary		<i>Miss M. E. J. Edden</i>
Clerical Assistants		<i>Miss N. E. Padfield</i>
		<i>Mrs. R. L. Langton</i>
		<i>Miss M. Thomas</i>
School Clinic Clerks		<i>Miss J. Beech</i>
		<i>Miss A. P. Lippett</i>
		<i>Mrs. H. Tonks</i>
		<i>Miss M. P. Elam</i>
School Dental Clinic Clerk		<i>Miss G. Kear</i>
Enquiry Office Clerk		<i>Miss B. A. Reynolds</i>
Shorthand Typist		<i>R. J. Wintle, A.R.San.I., A.S.I.A.†</i> <i>(National Service)</i>
Junior Clerk		<i>T. W. Camsey</i>
Pupils		<i>G. Cross</i>
Disinfection Officer		

\* Certified Meat and Foods Inspector, R.S.I.

† S.I.E.J.B. Certificate.

NOTE—For Rodent Control and Abattoir staff see Report of Chief Inspector, page 66.

# Annual Report on the Health of the Borough of Cheltenham for the Year 1954

*To His Worship the Mayor, the Aldermen and Councillors of the  
Borough of Cheltenham.*

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the Borough of Cheltenham for the year 1954. This will be my first report and the 81st of the series. I took up my appointment as your Medical Officer of Health on 1st November so that the greater part of this report will be concerned with the work of my predecessor Dr. D. E. Morley.

The outstanding event of the year was an outbreak of Poliomyelitis (infantile paralysis). On the whole the outbreak was not severe, either in the number of cases or the extent of the paralysis. This may have been due to the fact that the outbreak did not commence until the second half of the year, and continued throughout the autumn and into the winter. The poor summer weather may also have been a contributory factor in limiting the number of cases. Further details of the outbreak will be found in the appropriate section of the report. An equally important sequel to the outbreak was the cessation for five months of diphtheria immunisation, the significance of which will be discussed later.

The health of the community throughout the year, apart from the outbreak of Poliomyelitis has been generally very favourable but there are a few exceptions particularly with regard to diphtheria immunisation and the infant mortality rate. The former can be attributed partly, but not wholly, to the outbreak of Poliomyelitis. The infant mortality rate is too high and does not compare favourably with the national average nor with other towns less favourably situated than Cheltenham.

One very favourable feature of the health of the community in recent years has been the progress made in the treatment of tuberculosis and the very marked reduction in the number of deaths from this disease. The Local Authority Health Service is now playing an important part in the prevention of tuberculosis following approval by the Ministry of Health to introduce routine vaccination of school children which was started in Cheltenham during the year. Further details of this scheme



(B.C.G. Vaccination) and other methods of tuberculosis control now in operation in the town, will be found in the report on the School Health Service.

Annual health reports are necessarily made up of a mass of statistical detail which may be of little interest to the average reader so I will now give an outline of the more important aspects of the public health in Cheltenham during the year. Those who wish fuller information will find it in a more detailed study of the report.

### **Infant Mortality**

The infant mortality rate of 29.15 per 1,000 live births is still too high although it is the lowest recorded infant mortality rate in the Borough. The rate for 1953 was 30.64. The infant mortality rate for England and Wales during 1954 was 25.5 and that for the Great Towns including London was 29.02. The Borough does not compare favourably with the national average, and although we are only a little above the average for the Great Towns it must be remembered that these Great Towns include the densely populated industrial cities which are less favourably placed than Cheltenham and do not have the advantage of the same healthy environment. The infant mortality rate is a rough index of the state of the health of the community. A rate of 29.15 is not keeping pace with progress in other aspects of the health of the Borough. It must be reduced.

A fuller comment on the infant mortality rate will be found in the appropriate section of the report.

### **Diphtheria**

It is pleasing to be able to report that there were no cases of diphtheria in the town during the year. From previous annual reports I note that there have only been two cases of diphtheria in Cheltenham during the last five years, and it is ten years since anyone in the town died of the disease. This is a record of which we may well be proud and is due to the continued programme of diphtheria immunisation. However this happy state of affairs can only continue if the present level of immunisation in the town is not only maintained but increased. I will have more to say on this subject later in the report.

### **Tuberculosis**

There has been an increase in the number of notifications of pulmonary tuberculosis, 53 as compared with 40 in 1953, an increase which is likely to be attributable to the increase in diagnostic facilities provided by Mass Radiography, which is now playing such a valuable part in detecting the early case while it is still curable. On the other hand there were only eight deaths from this type of the disease during the year as compared with eleven in 1953.

Throughout the country in recent years there has been a reduction of 50% in the death rate from tuberculosis as a result of new methods of

treatment. Cheltenham has shared in this reduction and the death rate from tuberculosis in the town compares very favourably with the national average as well as with the average death rate for the Great Towns.

### **Other Infectious Diseases**

Apart from the outbreak of poliomyelitis the town has been free of epidemics during the year. There was no significant increase in the notification of any of the common infectious diseases apart from measles which is a disease which runs in two year cycles and was expected to show an increased incidence during 1954.

### **Maternal Mortality**

Unfortunately during the year we had two maternal deaths, the first since 1951, and this puts us above the national average for England and Wales. However this is a case where statistics can be misleading. Maternal deaths are so infrequent nowadays that with a population the size of Cheltenham even one maternal death in a year can put us above the national average.

### **Other Vital Statistics**

There has been an increase in the population from 66,210 in 1953 to 67,450 in 1954 and coupled with this an appreciable increase in the birth rate. The birth rate for 1954 was 16.78 per 1,000 population, a figure which is well above the national average for England and Wales (15.2) and almost identical with that for the Great Towns including London (16.8). There has however been an increase in the death rate (13.0 per 1,000 population) which is above the national average and the average for the Great Towns but this is to be expected as a result of the age distribution of the community.

### **Housing**

An increasing population and a rising birth rate must inevitably bring other problems in their wake, none more important than the housing problem. I have already seen how vigorously and successfully this problem is being tackled but from the health point of view I am especially pleased to note the increasing numbers of unfit and unhealthy basement accommodations, which are being closed. Bad housing is one of the chief causes of bad health both physical and mental. One cannot expect the best health records if large families are living in small, overcrowded and unfit houses. Fortunately this problem in Cheltenham is not a large one but it is nevertheless being effectively dealt with and its solution will not be long delayed. At the time of writing the Health Committee has already made a representation to the Council for the town's first slum clearance scheme since the war and the matter is under active consideration.

In presenting my first Annual Report I would like to express my appreciation of the kindness with which I have been received since taking up my new appointment, in particular from the Chairman and Members of the Health Committee and all Members and Officers of the Council.



I have been especially fortunate in having the advantage of Dr. Morley's long experience in Cheltenham and but for him my task as a newcomer would have been much more difficult. I gratefully acknowledge the assistance he has given me and indeed this Report is largely an account of his work throughout the year. Likewise I have arrived just in time to benefit from the extensive experience of Mr. Jefford, Chief Sanitary Inspector, to whom I am indebted for much valuable advice and many kindnesses. To the members of the staff of the Health Department I would express my thanks for their consideration and support. It has been a pleasure also to find in the Health Department such a happy relationship with the general practitioners in the town and the hospital authorities, all of which makes for a more efficient and successful health administration. I am happy to acknowledge also the valuable work of the voluntary organisations in the town who do so much to relieve hardship and succour those in sickness and distress. Lastly, my thanks are due to the Press, whose ready help and support is a continuous asset to a Health Department.

I am indebted to Mr. W. H. G. Meakins, Chief Clerk, who has been responsible for the compilation of the statistical data for the Report.

I am,

Your obedient servant,

T. O. P. D. LAWSON,

Medical Officer of Health.

### SUMMARY OF GENERAL AND VITAL STATISTICS, 1954

Area of borough	...	...	...	...	...	5,146 acres
Population	Census 1951, Corrected Figure					62,823
	Mid-year, 1954. Registrar General's Estimate					67,450
Number of inhabited houses end 1954	(1) structurally separate					16,164
	(2) Flats, Hotels, Occupied Shops, etc.					1,936
Rateable Value (as at 31.12.54)	...	...	...	...	...	£593,142
Sum represented by a penny rate (1954-55)	...	...	...	...	...	£2,466

### TABULAR STATEMENT OF THE MAIN VITAL STATISTICS FOR 1954

(with comparative Figures for England and Wales and other Great Towns).

	M	F	Totals	Rates per 1,000 Population		
<b>Live Births</b>						
Legitimate	519	504	1023			
Illegitimate	46	63	109	Cheltenham	160 Great Towns including London (average)	England and Wales
<b>TOTALS</b>	<b>565</b>	<b>567</b>	<b>1132</b>	<b>16.78</b>	<b>16.8</b>	<b>15.2</b>
<b>Still Births</b>						
Legitimate	12	18	30	} 29.16 Per 1,000	25.6	23.4
Illegitimate	1	3	4		Total (Live & Still)	Births
<b>TOTALS</b>	<b>13</b>	<b>21</b>	<b>34</b>	<b>0.50</b>	<b>0.44</b>	<b>0.36</b>
<b>DEATHS</b>	<b>404</b>	<b>473</b>	<b>877</b>	<b>13.00</b>	<b>12.02</b>	<b>11.3</b>
<b>Deaths of Infants</b> (Under 1 yr. of age)						
Legitimate	18	9	27	{ Rates per 1,000 Live Births		
Illegitimate	—	6	6			
<b>TOTALS</b>	<b>18</b>	<b>15</b>	<b>33</b>	<b>29.15</b>	<b>29.02</b>	<b>25.5</b>
<b>Maternal Deaths</b>	<b>—</b>	<b>2</b>	<b>2</b>	<b>1.72</b>	{ Rates per 1000 Live and Still Births }	<b>0.69</b>

### NOTE ON TABULAR STATEMENT

The figures for births and deaths are corrected for inward and outward transfers in order that the statistics may give as true a picture as possible of local conditions.

# MAIN VITAL STATISTICS—10 YEAR PERIOD 1945-54 (inclusive).

CHELTENHAM					INFANT DEATH RATES Per 1,000 Live Births			TOTAL DEATHS	DEATH RATE Per 1,000 of Population				
YEAR	Estimated Population RG	No. of Births	Birth Rate per 1000 population	Total Deaths of Infants (under 1 year of age)	Cheltenham	Large Towns	England and Wales	Cheltenham	Cheltenham		England and Wales	Tuberculosis (Cheltenham)	
									Recorded	Corrected		Pulmonary	Other
1945	59030	1122	19.0	55	49.0	54	46	856	14.5	11.89	11.4	0.69	0.14
1946	60540	1194	19.7	52	43.5	46	43	886	14.6	12.0	11.4	0.46	0.09
1947	61810	1313	21.2	56	42.6	47	41	926	15.0	12.3	12.0	0.34	0.097
1948	64260	1099	17.1	35	31.8	39	34	770	12.0	9.8	10.8	0.45	0.03
1949	64150	1123	17.5	34	30.3	37	32	806	12.56	11.2	11.7	0.33	0.00
1950	64600	1033	15.99	43	41.63	33.8	29.8	822	12.72	11.3	11.6	0.23	0.046
1951	65080	1068	16.4	36	33.7	33.9	29.6	904	13.89	12.22	12.5	0.25	0.046
1952	65060	1113	17.1	38	34.14	31.2	27.6	830	12.76	11.23	11.3	0.108	0.046
1953	66210	1077	16.3	33	30.64	30.8	26.8	842	12.72	11.18	11.4	0.166	0.045
1954	67450	1132	16.78	33	29.15	29.02	25.5	877	13.0	10.66	11.3	0.119	0.029

The Registrar's estimate of the population of Cheltenham for mid-year 1954 is 67,450 which is 1,240 more than the estimate for 1953.

The Crude Death Rate was 13.00 a slightly higher figure than that of last year. The corrected Death Rate (Registrar's correction factor 0.82) was 10.66 compared with the figure of 11.3 for England and Wales and 12.02 for Boroughs and Great Towns.

Live Births in 1954 totalled 1132 which is 55 more than the figure for the previous year.

The Birth Rate was 16.78 an average figure for recent years. The Registrar now provides a correction factor for birth rates. For Cheltenham this factor is 0.96 which gives a rate of 16.11 compared with the rate of 15.2 for England and Wales and 16.8 for large towns.

The number of Still births, per 1,000 live and still births, was 29.16 (or 27.99 corrected) compared with 23.4 for England and Wales and 25.6 for Boroughs and Large Towns.

**Causes of Death relating to Cheltenham Residents as given by the Registrar-General for the year 1954.**

							Male	Female
1	Tuberculosis, respiratory	...	...	...	...	...	4	4
2	Tuberculosis, other	...	...	...	...	...	1	1
3	Syphilitic disease	...	...	...	...	...	—	—
4	Diphtheria	...	...	...	...	...	—	—
5	Whooping Cough	...	...	...	...	...	—	—
6	Meningococcal infections	...	...	...	...	...	—	1
7	Acute Poliomyelitis	...	...	...	...	...	—	—
8	Measles	...	...	...	...	...	—	—
9	Other infective and parasitic diseases	...	...	...	...	...	—	—
10	Malignant neoplasm, stomach	...	...	...	...	...	16	15
11	Malignant neoplasm, lung, bronchus	...	...	...	...	...	24	9
12	Malignant neoplasm, breast	...	...	...	...	...	—	13
13	Malignant neoplasm, uterus	...	...	...	...	...	—	9
14	Other malignant and lymphatic neoplasms	...	...	...	...	...	42	38
15	Leukaemia, aleukaemia	...	...	...	...	...	2	4
16	Diabetes	...	...	...	...	...	—	3
17	Vascular lesions of nervous systems	...	...	...	...	...	48	78
18	Coronary disease, angina	...	...	...	...	...	60	52
19	Hypertension, with heart disease	...	...	...	...	...	6	6
20	Other heart disease	...	...	...	...	...	67	113
21	Other circulatory disease	...	...	...	...	...	14	9
22	Influenza	...	...	...	...	...	—	4
23	Pneumonia	...	...	...	...	...	9	17
24	Bronchitis	...	...	...	...	...	18	15
Total carried forward							311	391

							<i>Male</i>	<i>Female</i>
					Total brought forward		311	391
25	Other diseases of respiratory system	...	...	...	...		6	6
26	Ulcer of stomach and duodenum	...	...	...	...		6	2
27	Gastritis, enteritis and diarrhoea	...	...	...	...		—	3
28	Nephritis and nephrosis	...	...	...	...		6	3
29	Hyperplasia of prostate	...	...	...	...		15	—
30	Pregnancy, childbirth, abortion	...	...	...	...		—	2
31	Congenital malformations	...	...	...	...		—	2
32	Other defined and ill-defined diseases	...	...	...	...		36	44
33	Motor vehicle accidents	...	...	...	...		9	3
34	All other accidents	...	...	...	...		9	13
35	Suicide	...	...	...	...		5	3
36	Homicide and operations of war	...	...	...	...		1	1
All Causes							404	473

## DISCUSSION

### Heart Disease

As shown in the above table, heart disease continues to be the greatest cause of death. Deaths under this heading numbered 292 compared with 267 in 1953. This increase is apt to be considered as a natural phenomenon about which we can do very little but there is good reason to believe that many of these deaths are preventable, and indeed the very fact that heart disease accounts for the largest number of deaths would make this a matter worthy of consideration. It is interesting to note in item number 18 in the table that disease of the coronary arteries accounted for 112 of the 292 deaths due to heart disease. In 1950 deaths from coronary thrombosis and angina numbered 73. Coronary disease is increasing and is regarded as one of the modern diseases because it is undoubtedly influenced by the rush and worry of the modern way of living, not forgetting that tobacco smoking has recently come under suspicion. How often does one hear of the family doctor advising his patient to "take things easy" and how often, when his advice is disregarded, do the words "Coronary Thrombosis" appear on the death certificate. There is good reason to believe that in many cases coronary disease is a preventable disease.

### Cancer

There has been an increase in deaths due to cancer during the year from 143 in 1953 to 166 in 1954. There were 33 deaths due to cancer of the lung as compared with 20 in the previous year. The number of deaths from this cause has more than doubled in the last three years.

### Tuberculosis

Reference has already been made in the introduction to this Report to the great improvement in the mortality from tuberculosis. It will be noted that there were eight deaths from respiratory tuberculosis during the year. Five years ago there were 21 deaths, and ten years ago there were 26.



### Deaths from Accidents

The increasing population of the town and the increase in motor traffic on the roads is reflected in an increase of fatal accidents over the last five years as shown in the following table.

					<i>Motor Vehicle Accidents</i>	<i>Other Accidents</i>
1950	...	...	...	...	8	17
1951	...	...	...	...	4	15
1952	...	...	...	...	8	11
1953	...	...	...	...	5	25
1954	...	...	...	...	12	22

### Infant Mortality

There were 33 Infant Deaths in 1954, the same number as in the previous year. This gives a death rate of 29.15 compared with 30.64 for 1953.

Causes were as follows :—					<i>Neo-Natal</i>	<i>1 mth-1 yr.</i>	<i>Total</i>
Atelectasis and Prematurity	...				17	—	17
Respiratory	...	...	...	...	—	4	4
Accidental	...	...	...	...	1	2	3
Other	...	...	...	...	4	5	9
Total					22	11	33

Although the infant death rate for 1954 is the lowest recorded in the history of the Borough it must be still further reduced. The number of infant deaths is exactly the same as last year and the infant death rate does not compare favourably with that for England and Wales (25.5) and the Great Towns including London (29.02). The infant death rate for Cheltenham should be at least as low as the national average and certainly much lower than that of the large towns.

When however, one analyses the causes of the infant deaths during the year from the point of view of prevention, the picture is much brighter. There are only four deaths due to respiratory infection, and none from gastro-enteritis and diarrhoea which formerly took such a large toll of infant lives. This is one very favourable feature of the infant death rate in Cheltenham and reflects a high standard of infant care.

A glance at the above table will show the chief cause of the infant death rate viz., prematurity. More than half the children who died (17) were premature babies and unfortunately the cause of prematurity is still obscure and has shown little response to the best ante-natal care. Cheltenham may be unfortunate in this respect. Over the last five years, out of a total of 183 infant deaths, 71 have been due to prematurity or nearly 40% of the total. During 1952 and 1954, 50% and 51.5% of the infant deaths were due to prematurity. It is apparent that prematurity is the greatest single factor in the causation of infant deaths in the town. This is a matter which deserves further investigation.

Twenty-two of the 33 infants died at the age of one week or less and of these, 17 died before they left the nursing home in which they were born. Of the 17 premature infants who died, 14 died before they left the nursing home in which they were born. Of the remaining 16 deaths, 7 died in the Children's Hospital, 4 in other institutions and 5 died at home.

### WATER SUPPLY OF THE BOROUGH

A description of the four sources of supply was given in the 1953 report and no change of importance was made during the year. Samples of water from all supplies are taken regularly for bacteriological and chemical analysis and in addition, monthly samples of Spa Waters are submitted for analysis. All these samples are examined by Mr. J. Henderson, Analyst to the Cheltenham & Gloucester Joint Water Board, who has provided the following report showing the number of samples examined bacteriologically and chemically during 1954.

<i>Bacteriological Examinations</i>	<i>No. of Samples examined 1954</i>
<b>Tewkesbury</b>	
Raw River Water ... ..	85
Coagulated Water at Outlet from Tanks	39
Coagulated Water above Filters ... ..	40
Filtered Water ... ..	197
Chloraminated Water ... ..	484
	<hr/>
	845
<b>Cheltenham</b>	
Dowdeswell Unfiltered ... ..	1
Dowdeswell Clean ... ..	14
Hewletts Reservoir ... ..	1
Northfield ... ..	17
Sandford ... ..	13
Swimming Pools, Sandford and Alstone	30
Miscellaneous ... ..	14
Spa Waters ... ..	19
	<hr/>
	109
<b>Tewkesbury</b>	
Raw River Water ... ..	669
Coagulated and Filtered Waters ... ..	659
Final Water ... ..	556
	<hr/>
	1884
<b>Cheltenham</b>	
Dowdeswell ... ..	4
Northfield ... ..	4
Sandford ... ..	3
Miscellaneous ... ..	2
	<hr/>
	13

For the third successive year, the intensity of bacterial pollution of the River Severn has increased. 72.9% of the river samples showed the presence of B.Coli in quantities of 0.01 ml., or less, contrasted with 61.7% in 1953 and 57.5% in 1952. In pre-war years the figure was of the order of 40%—50%.

Of the final samples, 98.8% showed the absence of presumptive B.Coli in 100 ml. quantities. None of the six presumptive positives was confirmed in the reference sample.

### SWIMMING BATHS

Samples of water from the Swimming Baths are submitted regularly for bacteriological examination and the results show that a high standard of purity is maintained.

At the time of writing, a break-point chlorination plant has just been installed at Alstone Baths and this will remove any irritation caused by nitrogen trichloride fumes which tended to emanate from time to time. It will now be possible to control the addition of chlorine and the chemical reaction of the water much more accurately. This modern plant will produce a clear and bacterially pure water similar to the Sandford Pool, where a break-point chlorination plant has been in operation for several years.

### MILK (SPECIAL DESIGNATIONS)

During 1954, licences to use special designations were issued as follows :—

#### THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949 to 1954

Type of Licence	Dealers	Supplementary	Total
Tuberculin Tested Milk	34	2	36
*Accredited Milk	—	—	—
Totals	34	2	36

\* Designation discontinued as from 1st October, 1954.

#### THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949 to 1954

Type of Licence	Pasteurisers	Dealers	Supplementary	Total
Pasteurised Sterilised	3 —	31 —	1 —	35 —
Totals	3	31	1	35

Samples are taken fortnightly for analysis and the reports are submitted to the Health Committee.

Very few results during 1954 failed to satisfy the standards of the Ministry of Health.

## THE PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES, 1954

The following statement shows the corrected numbers of cases notified during 1954. (Tuberculosis is dealt with separately). An analysis of the notifications according to age and sex is set out on page 16.

Ophthalmia Neonatorum	...	...	...	...	...	1
Erysipelas	...	...	...	...	...	5
Measles	...	...	...	...	...	530
Pneumonia (all forms)	...	...	...	...	...	32
Poliomyelitis Paralytic	...	...	...	...	...	17
„ NON Paralytic	...	...	...	...	...	12
Puerperal Pyrexia	...	...	...	...	...	26
Scarlet Fever	...	...	...	...	...	61
Whooping Cough	...	...	...	...	...	145
Dysentery	...	...	...	...	...	5
Food Poisoning	...	...	...	...	...	14
Meningococcal Infection	...	...	...	...	...	2

### NOTES ON INFECTIOUS DISEASES

#### Poliomyelitis

There was an outbreak of Poliomyelitis during the year. It is not proposed to attempt to give a complete account of the outbreak in this report since it commenced during 1954 and extended into 1955. Also it is not possible at this stage to make a final assessment of the extent of the paralysis as some of those affected are still under treatment.

The first two cases occurred on the 23rd and 24th of August and then there was a gap of three weeks before the third case was notified on the 14th of September. After this the outbreak continued throughout the autumn and into the winter when the last case was notified on the 21st of January with a total of 30 cases, giving an attack rate of 0.4 per 1000 of the population, which is not unusually high. The outbreak started later in the year than one would have expected and it may be that the cold wet summer kept down the number of cases. Although it continued throughout the winter the first spell of really cold weather coincided with the notification of the last case.

There were no deaths from the disease, and in this our experience has been fortunate because it has been estimated from previous outbreaks in this country in recent years that out of every hundred cases of poliomyelitis admitted to hospital during an outbreak, between six and ten are likely to die. I consider that the absence of deaths was largely due to the speedy diagnosis by medical practitioners in the town and immediate admission to hospital.

It is only possible at this stage to give a provisional estimate of the extent of the paralysis. Eighteen of the thirty cases were notified as suffering from the paralytic type of the disease but only a few of those



The following table gives the number of infectious diseases notified, divided into groups of age and sex.

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis				Measles	Diphtheria						
			PARALYTIC		NON- PARALYTIC									
			M.	F.	M.	F.								
Under 1 year 1 to 2 years 3 to 4 years 5 to 9 years 10 to 14 years 15 to 24 years 25 years and over Age unknown	M.	7	—	—	M.	—	M.	7	F.	9	M.	—	F.	—
	—	18	1	3	—	1	—	59	42	—	—	—	—	—
	—	13	3	—	2	—	—	55	54	—	—	—	—	—
	6	29	3	1	2	—	—	139	154	—	—	—	—	—
	10	—	—	—	2	—	—	2	4	—	—	—	—	—
	9	1	—	1	1	—	—	—	2	—	—	—	—	—
	13	—	2	3	—	—	—	—	3	—	—	—	—	—
Total (all ages)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	38	68	9	8	8	4	262	268	—	—	—	—	—	—
	Dysentery	Smallpox	Acute Encephalitis				Enteric or Typhoid Fever	Paratyphoid Fever						
			Infective		Post-infectious									
Under 5 years 5 to 14 years 15 to 44 years 45 to 64 years 65 years and over Age unknown	M.	—	M.	—	M.	—	M.	—	F.	—	M.	—	F.	—
	2	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	3	—	—	—	—	—	—	—	—	—	—	—	—	—
	14	—	—	—	—	—	—	—	—	—	—	—	—	—
	Meningococcal infection	Puerperal Pyrexia	Ophthalmia neonatorum				Malaria	Food Poisoning						
Under 5 years 5 to 14 years 15 to 44 years 45 to 64 years 65 years and over Age unknown	M.	—	M.	—	M.	—	M.	—	F.	—	M.	—	F.	—
	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	2	26	1	—	—	—	—	—	—	—	—	—	—	—
	2	26	1	—	—	—	—	—	—	—	—	—	—	—



had an extensive paralysis, and it may be that some of these eighteen cases will be shown to have made a complete recovery. Paralysis seems to have been more severe in adults than in children.

The age distribution of the cases was as follows :—

	Age Group in Years			Total
	0-4	5-15	16 and over	
No of cases	13	9	8	30
Cases per cent.	43	30	27	100

It will be noted that more than half the cases occurred in pre-school children and that 73% of all the cases occurred in children of 15 years and under. The youngest case was an infant of 7 months and the oldest a woman of 30 years. For some unexplained reason poliomyelitis tends to attack more males than females. There were 17 male cases in the outbreak and 13 female.

On the whole the outbreak does not seem to have been as severe as those experienced in other parts of the country in recent years. Of the 30 cases, 18 (60%) were notified as suffering from the paralytic type of the disease but this represents the number originally notified and it is to be hoped that the number of those left with a residual paralysis will be smaller than this. It is usually considered that the results of treatment of paralysis following poliomyelitis cannot be finally assessed until two years after the commencement of treatment. A paralysis rate of 60% as indicated by the original notifications is not unusually high. In an outbreak of poliomyelitis one can usually expect 30% or more of the cases to escape paralysis. This has been our experience in Cheltenham.

We are fortunate that the number of cases was not higher and that there were no deaths. Unfortunately some will be left with a permanent paralysis. One might hope that this outbreak will produce a measure of immunity among the population which would act as a barrier against a future outbreak. Unfortunately experience does not justify this hope. There can be no guarantee against future attacks until the community can be immunised with a safe and effective vaccine. Let us hope that that day is not far distant.

### Measles

There was an increase in the notifications of measles during the year, 530 as compared with 376 in 1953. There is no special significance to be attributed to this increase. Measles is a disease which runs in two year cycles and we should expect a smaller number of notifications next year.

### Whooping Cough

The number of cases of whooping cough dropped by almost half during the year as compared with 1953. There were 145 notifications during the year as compared with 283 in 1953.

During 1955 facilities will be available at all Child Welfare Centres in the town for immunisation against this disease. It is not generally appreciated by parents that whooping cough is one of the commonest causes of death in infants under one year and it is certainly a very common cause of disability in after life due to the lung damage caused by the disease. Whooping Cough immunisation is a safe and effective procedure and will completely prevent the disease in at least 80% of all children immunised. Should a child develop the disease after immunisation the attack will be mild and much less likely to leave any after effects.

### Scarlet Fever

Notifications of Scarlet Fever fell to 61 during the year. The disease was mild in type.

### Diphtheria

The following table shows the number of complete injections carried out together with the Immunity Index.

Age at 31.12.54 i.e. born in years indicated.	Under 1 1954	1-4 1953-1950	5-9 1949-1945	10-14 1944-1940	Under 15 Total
Last complete course of injec- tions (whether primary or booster).					
A. 1950-1954	22	2194	3395	2070	7681
B. 1949 or earlier	—	—	1248	2339	3587
C. Estimated mid-year child population	1100	3678	9872		14650
Immunity Index 100A/C	2	59.6	55.3		52.4

Once again Cheltenham has a clean bill and a record to be proud of as far as diphtheria is concerned. There have been only two cases in the town during the last five years and it is ten years since anyone died of the disease. Diphtheria immunisation was started in Cheltenham in 1935. During the previous ten years there had been an average of 45 cases per year. The results today speak for themselves and prove beyond all doubt the success of immunisation. National statistics are even more striking. Between the years 1931 and 1940 the annual death rate in England and Wales from this disease was 2,800 and the number of cases 55,000 each year. Provisional figures for 1954 published by the Chief Medical Officer to the Ministry of Health show that there were 182 notifications and nine deaths during the year.

Diphtheria has virtually been eradicated in Cheltenham. How long can this continue? Only as long as parents continue to co-operate with us and have their children immunised. Unfortunately the success of immunisation has led to a certain amount of complacency. There are now many young mothers who have never heard of this disease called diphtheria and cannot understand why they should be urged to have their children immunised. This is reflected in a significant decrease in the number of children immunised throughout the country in recent years. It is a dangerous trend which must be arrested. It cannot be too strongly emphasised that diphtheria will only be conspicuous by its absence as long as the present level of immunisation is not only maintained but increased. If the rate of immunisation among our children is allowed to fall to a dangerous level diphtheria can return. This has already happened in another part of the country.

In Cheltenham at the moment we are in an especially vulnerable position. During the year immunisation had to be suspended because of the outbreak of Poliomyelitis. No children were immunised in the town for five months. We are making every effort to make up the lost ground and we are relying on the fullest co-operation from parents.

To be sure of the maximum protection in any community, at least 75% of pre-school children and school children should be immunised. In Cheltenham our records show that 58% of children under five years are protected and 54% of school children. The above table shows the immunity index for the town and if our rate of immunisation is to be improved, it demonstrates the importance of immunisation not only in infancy but again at five years when the child enters school, followed by a final reinforcing dose between ten years and eleven years.

The figures in the following table show the total number of immunisations known to have been completed during the last five years :—

	1950	1951	1952	1953	1954
By the School Doctors and at Welfare Clinics ...	307	429	407	393	162
By Private Practitioners ...	418	505	357	360	464
	725	934	764	753	626

The 464 cases completed by private practitioners during 1954 included 254 combined Diphtheria and Whooping Cough immunisations.

### Reinforcing Doses at ages 5 and 10 years

During 1954, 558 doses were given at or about 5 years of age, 94 by Private Practitioners and 464 by the School Doctors. For the age of 10 the corresponding figures were 340, 9 and 331.

### Vaccination against Smallpox

The Ministry of Health has recently issued a circular to Local Health Authorities in which the Minister expresses his concern at the current neglect of vaccination except as an emergency measure during outbreaks of smallpox, and at the resulting lack of protection for the

# NOTIFICATIONS OF INFECTIOUS DISEASES 10 YEAR PERIOD 1945-54 INCLUSIVE

Year	Malaria	Smallpox	Scarlet Fever	Diphtheria	Typhoid Fever	Puerperal Pyrexia	Pneumonia	Poliomylitis and Polio-encephalitis	Erysipelas	Meningococcal Meningitis	Ophthalmia Neonatorum	Dysentery	Food Poisoning	Acute Encephalitis	Measles	Whooping Cough	Tuberculosis	
1945	1	—	34	19	—	11	41	—	12	1	4	10	—	—	1202	171	59	21
1946	—	—	52	15	—	25	41	1	14	3	2	2	—	—	33	119	65	18
1947	—	—	108	4	—	18	44	3	14	2	1	—	—	—	1046	192	69	20
1948	—	—	72	2	—	14	57	1	12	—	2	4	—	—	358	221	53	13
1949	—	—	46	2	—	3	40	2	4	—	10	—	8	—	94	86	57	7
1950	1	—	53	1	—	4	35	6	6	2	—	47	—	—	1448	225	70	14
1951	—	—	58	—	1	8	59	1	4	—	—	22	5	2	218	196	58	17
1952	—	—	25	1	—	16	47	2	5	—	—	5	3	—	1108	149	38	9
1953	1	—	87	—	—	18	68	1	6	2	2	3	11	—	376	283	40	7
1954	—	—	61	—	—	26	32	17	5	2	1	5	14	—	530	145	53	4



individual and for the community. As in the case of diphtheria immunisation the success of smallpox vaccination has tended to make smallpox a forgotten disease. It is probably not generally known that there have been 25 separate outbreaks of smallpox in England and Wales since 1935 and in many cases it has been the unvaccinated victim who has died.

Up till 1948 Smallpox vaccination was compulsory. It then became voluntary. This was one of the unfortunate innovations of the National Health Service. By 1949 the level of vaccination in this country had fallen to 16% of babies born in that year, and in some places it was even lower than that. Every effort has been made since then to improve matters and in England and Wales in 1954, the percentage of infants under one year who were vaccinated was approximately 34.5. This of course is an improvement but it is still well below the safety level. In Cheltenham, the percentage of infants under the age of one year who were vaccinated in 1954 was approximately 24.

As stated in the circular from the Ministry of Health, our aim should be to see that every healthy infant is vaccinated. All wise parents will want to take every precaution to safeguard the future health of their children and none should neglect vaccination.

### ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS (Corrected)

1. **Local Authority. Cheltenham. Year 1954.**
2. **Food Poisoning Notifications (Corrected) Returned to R.G.**

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
3	1	6	4	14
3. **Outbreaks Due to Identified Agents.**

Total outbreaks 1		Total cases 1	
Outbreaks due to :—			
(a) Chemical Poisons ...	—	(d) Cl. botulism ...	—
(b) Salmonella Organisms	1	(e) Other bacteria ...	—
(c) Staphylococci (including toxin)	—		
4. **Outbreaks of Undiscovered Cause.**

Total outbreaks ...	...	3	Total cases ...	...	...	9
---------------------	-----	---	-----------------	-----	-----	---
5. **Single Cases.**

Agent identified	...	—
Unknown cause	...	4
Total ...	...	4

The notification of 14 cases of food poisoning in a year is not a matter to cause undue alarm but when we look at the number of food poisoning notifications during the last five years we find that there has been a gradual increase.

<i>Year</i>	<i>No. of notifications</i>
1950	NIL
1951	5
1952	3
1953	11
1954	14



This increase reflects what is happening throughout the country. The Chief Medical Officer to the Ministry of Health stated in his report for 1953 that there were 5,277 sporadic cases and outbreaks, representing an increase of 50% over 1952. This increase in known cases may have been due to increased vigilance by the Local Authority's food inspectors but the fact remains that in spite of all our efforts there has been no appreciable reduction in the number of cases of food poisoning. It must also be remembered that statistics only show the number of cases notified. There are many others which never come to light.

Inspection of the preparation and sale of food for human consumption is one of the most important functions of a Health Department and is carried out diligently by our District Sanitary Inspectors. This is a matter which is also exercising the minds of the Ministry of Health but one can only express disappointment that the new Food and Drugs Amendment Act of 1954 does not go far enough. It is not the practice of Local Authorities to clamour for additional legislation to meet new difficulties but it is hard to visualise how standards of food hygiene can be improved by persuasion alone without the backing of the necessary regulations. However, the public could play a much larger part in the clean food campaign by refusing to accept inferior standards.

### TUBERCULOSIS New Cases and Mortality during 1954.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year ...	1	—	—	—	—	—	—	—
1-5 years ...	2	1	—	—	—	—	—	—
5-15 „ ...	1	—	1	—	—	—	—	—
15-25 „ ...	5	4	—	—	—	1	—	1
25-35 „ ...	5	11	1	1	1	—	1	—
35-45 „ ...	6	2	—	—	1	2	—	—
45-55 „ ...	4	3	—	—	—	—	—	—
55-65 „ ...	5	—	—	—	2	1	—	—
65 and upwards ...	1	2	—	1	—	—	—	—
TOTALS ...	30	23	2	2	4	4	1	1

#### Death Rates

The Tuberculosis death rates for Cheltenham during 1954 were as follows :—

Pulmonary Tuberculosis		0.119	} Per 1,000 of Population
Non Pulmonary Tuberculosis		0.029	
Total		0.148	
Comparative Figures	Great Towns average	Total 0.201	}
	England and Wales	Total 0.179	

From the point of view of mortality from Tuberculosis, 1954 has been a very favourable year. There were only 10 deaths from the disease as compared with 14 in 1953. The total death rate of 0.148 per 1000 population is the lowest ever recorded in Cheltenham. It is interesting to look at the figures for previous years to see how the death rate is being reduced year after year. Ten years ago, in 1944, there were 37 deaths in the town and the fact that this could not be explained by war-time conditions is shown by a death rate of 33 in 1939. Early diagnosis of the disease and modern methods of treatment have caused a very appreciable reduction in tuberculosis death rates. Throughout the country this reduction is in the region of 50%, a very remarkable achievement.

The number of new cases notified during 1954 was 57, an increase of 10 over 1953, but this increase can probably be accounted for by the increase in diagnostic facilities associated with the increase in Mass Radiography and the intensive follow up of contacts. Nevertheless, there has been a considerable reduction in the number of new cases notified in Cheltenham. As Dr. Morley pointed out in his Annual Report last year, the average number of new cases during the five year period 1947-51 was 77. If we follow this up we find that the average number of new cases notified during the three years 1952-1954 has dropped to 50. What is more important is that the average number of new cases of pulmonary tuberculosis during these three years is 44 as compared with 62 during the three years 1949-1951. This favourable trend in Cheltenham can be illustrated by a study of the national statistics. In England and Wales during 1950, 50,000 new cases of tuberculosis were notified. In 1954 this number had dropped to 44,000 but in spite of this apparently favourable trend we find that during the same period there has been a 7% increase in new cases of pulmonary tuberculosis. This means that although the number of notifications of all types of tuberculosis throughout the country is beginning to fall, there is an increase in notifications of pulmonary tuberculosis, the most serious and most infectious form of the disease.

Experience throughout the country shows that the reduction in the death rate from Tuberculosis is not being accompanied by a corresponding reduction in the number of notifications of new cases. This is a very important fact because it shows that the effects of the new methods of treatment have been largely confined to a reduction in the death rate. This means that more tuberculous people are being kept alive, the tuberculosis population is increasing and many of these patients may at any time become a source of infection to others. The lesson is obvious. We must place as much or more emphasis on the prevention of tuberculosis as on its treatment and, as in the prevention of any disease, we must concentrate on the youngest age groups. Measures towards this end have already been taken in Cheltenham in co-operation with the Chest Physician and the Director of the Mass Radiography Unit. An account of these measures will be found in the report on the School Health Service.

Our aim must be not merely to prevent people dying of tuberculosis but to use the means of prevention at our disposal to see that they never contract the disease. Only in this way can we look forward to the solution of the most important health problem facing the medical services of this country today.

## REGISTRATION AND INSPECTION OF NURSING HOMES.

### SECTIONS 187-194. PUBLIC HEALTH ACT 1936.

At the commencement of 1954 there were 13 Nursing Homes on the Register. One Nursing Home closed during the year.

The total number of beds available at the end of the year was 102 classified as follows :—

	Number of Homes	Number of Beds provided for		
		Maternity	Others	Totals
Homes First Registered during the year.	—	—	—	—
Homes on the Register at the end of the year.	12	9	93	102

Private Nursing Homes in Cheltenham still provide a most valuable addition to the accommodation available for sick persons.

Many of the homes provide mainly for old persons and help in no small way to solve a problem which yearly becomes more difficult.

Visits were paid to all Nursing Homes on two or more occasions during the year.

## REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

(National Assistance Act 1948 Sec. 47 and Amendment October, 1951).

Although the circumstances of a number of persons were investigated during the year it was not found necessary to make use of the emergency measures provided in the Amendment Act of 1951. In most cases it was found that the persons concerned were prepared to enter hospital voluntarily and the problems of others were overcome by the provision of Home Help and nursing services.

The problem of finding accommodation for old people who are living alone and unable to look after themselves is a big one in Cheltenham. Many enquiries are made to the Medical Officer of Health in the hope that a bed will be found. There is always a waiting list and it is no easy task to decide which case should be treated as a priority. However, once that decision is made, I have had the fullest co-operation from the hospital Authorities who are doing their utmost to solve an ever increasing, and what at times must appear to be, an almost insoluble problem. For our part we do our best to keep old people in their own homes by the provision of all the help which the Local Authority can offer. The provision of hospital or other residential accommodation should be a last resort and is seldom the choice of the old person concerned.

**MEDICAL EXAMINATIONS**

The examinations carried out during 1954 were as follows :—

<i>Purposes of Examinations</i>	<i>Numbers Examined</i>	
	<i>Borough</i>	<i>County</i>
Superannuation Act 1937 and National Health Service (Superannuation) ... ..	72	46
Candidates for admission to Teachers Training College ... ..	—	37
Candidates for Employment as Teachers ... ..	—	13
Reports on Corporation Employees		
Prolonged Sick Leave, etc. ... ..	1	—
	<hr/> 73	<hr/> 96
Total examinations ...		<hr/> 169

**Health Education. Diphtheria Prophylaxis.**

During the autumn of each year it has been the practice to arrange a publicity campaign in order to draw the attention of the public to the continued importance of Diphtheria Immunisation. Owing, however, to the outbreak of Poliomyelitis all Diphtheria Immunisation ceased from August until the beginning of 1955 and it was not therefore possible to arrange this Campaign.

At the end of the year when the outbreak of Poliomyelitis was diminishing arrangements were in hand for a Publicity Campaign to take place at the beginning of March 1955.



## SCHOOL HEALTH SERVICE

### ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

*To the Chairman and Members of the School Medical Sub-Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my first Annual Report of the School Health Service for the year 1954.

The general health of the school children of the Borough gives every cause for satisfaction. On a statistical assessment of nutritional standards only a very small percentage of the school population is below the normal standard of nutrition. This of course, is only a rough assessment and must depend on the individual opinion of each medical officer who examines the children, and nutritional standards are not easy to define accurately. However, experience has made it a reasonably reliable guide and as such it shows a very satisfactory state of affairs.

As stated in the Annual Health Report, nine school children were victims of the outbreak of poliomyelitis. Although one cannot yet make a definite statement of the extent of the paralysis in this group, it would appear at the moment that these children have not on the whole, been severely affected. A more detailed statement will be found in the Report.

The most noteworthy event of the year was the introduction of B.C.G. Vaccination against Tuberculosis. This very important measure coupled with regular visits to the town by the Mass Radiography Unit, has opened up a wide field of tuberculosis prevention in the community. We have lost no time in introducing new methods for the prevention and control of this disease and a full account will be found in the Report.

The infestation rate among the school population is not high but it will always leave room for improvement. This is a difficult problem, as much social as medical. In spite of regular inspection and treatment we usually find that we arrive at an almost irreducible minimum, what one might describe as the 'hard core' of the problem. We know where that hard core is but it is no easy matter to remove it, especially if we do not have the full co-operation of the parents. Treatment, no matter how effective, is no substitute for parental indifference and this is sometimes the reason for the irreducible minimum.

The School Dental Service has been working against the usual difficulties, shortage of dental officers, a difficulty by no means confined to Cheltenham, but it means that we are providing a service which is far from adequate. For the first half of the year we were working with a full time and a part time dentist but for the second half of the year we had only one full time dentist. With a school population of approximately 10,000 we have ample work for three full time dentists. However, at the time of writing we have appointed a second dental officer who will take up full time duties during 1955, so we can hope for some improvement in the service.



This Report on the School Health Service for 1954 is very largely the result of the work of my predecessor Dr. Morley, to whom I am indebted for so much advice and assistance. I would like to take this opportunity also of expressing my gratitude for the very friendly way I have been received by the Chairman and Members of the School Medical Sub-Committee. Likewise I would gratefully acknowledge the co-operation and help I have received from Mr. Simmonds, the Borough Education Officer and his staff. To my own medical, nursing and clerical staff in the School Health Service I am indebted for their consideration and support.

I am,

Your obedient servant,

T. O. P. D. LAWSON,

School Medical Officer.

### **School Medical Inspections.**

The routine medical inspections of school children have continued during 1954 and 4,633 children were examined throughout the year. 877 of these were of the 8-9 age group and are included under the heading of "additional periodic inspections."

Pupils are examined as a routine :

- (a) As soon as possible after admission to school, i.e., at age 5-6.
- (b) During the first year in a secondary school at age 11-12 and
- (c) During the last year of attendance at a secondary school, when sufficient time is allowed for any necessary investigation or treatment before the pupil leaves school.

In addition older pupils are examined before they leave school at the higher age groups in Pates Grammar School for Girls, the Boys' Grammar School and the Technical High School.

As a result of these inspections, 353 pupils were referred to the Eye Specialist for defective vision (excluding squint) and 555 children were found to be suffering from other defects or diseases requiring treatment, and the necessary action was taken in all cases. The number of children requiring to be kept under observation, but not requiring treatment was 1,405 and these children were kept under special observation during the year. This latter group of course includes very many minor defects which may be remedied spontaneously and never require treatment. They are kept under observation merely as a precautionary measure. This is of course the main purpose of the routine medical inspection, to prevent the minor defect becoming a major one.

The school population was 10,366 at the end of 1954 and every child has an up-to-date school medical record.

### Special School Medical Inspections.

These inspections cover children examined other than at a routine medical inspection for some special reason. They are brought to the medical officer by the parent or referred by the head teacher. During 1954, 1,252 children were examined at these inspections, and the appropriate action taken.

### Re-Inspections.

Re-inspections have been held each term in all schools in the Borough, when children who had previously been noted at routine medical inspections to be in need of further observation and advice, were seen by the School Medical Officers.

During 1954, 250 children were examined at these inspections.

**TABLE I**  
**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED**  
**PRIMARY AND SECONDARY SCHOOLS.**

#### A. Periodic Medical Inspections.

Age Groups inspected and number of children examined in each :

Entrants ... ..	914
10 and 12 years ... ..	1871
14, 15 and 17 years ... ..	971
	<hr/>
Total ... ..	3756
Additional Periodic Inspections (8 years) ... ..	877
	<hr/>
Grand Total ... ..	4633
	<hr/>

#### B. Other Inspections.

Number of Special Inspections ... ..	1252
Number of Re-Inspections ... ..	250
	<hr/>
Total ... ..	1502
	<hr/>

#### C. Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin.)

Age Groups Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIa	Total Individual pupils
Entrants ... ..	6	143	148
10 and 12 years ... ..	192	274	438
14, 15 and 17 years ... ..	155	138	272
	<hr/>	<hr/>	<hr/>
Total ... ..	353	555	858
Other Periodic Inspections... (8 years)	70	114	176
	<hr/>	<hr/>	<hr/>
Grand Total ... ..	423	669	1034

**TABLE II****A. Return of Defects found by Medical Inspection during the year.**

Defect or Disease	Periodic Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring Observation but not Treatment	Requiring Treatment	Requiring Observation but not Treatment
Skin ... ..	99	44	36	10
Eyes				
(a) Vision ... ..	423	20	33	5
(b) Squint ... ..	66	5	8	1
(c) Other ... ..	81	12	60	7
Ears				
(a) Hearing ... ..	13	84	15	29
(b) Otitis Media ...	10	36	9	14
(c) Other ... ..	28	6	59	19
Nose or Throat ...	51	349	120	222
Speech ... ..	15	24	17	16
Cervical Glands ...	—	216	6	160
Heart and Circulation	3	63	3	41
Lungs ... ..	18	133	18	92
Developmental				
(a) Hernia ... ..	2	18	2	7
(b) Other ... ..	9	53	7	8
Orthopaedic				
(a) Posture ... ..	69	62	37	17
(b) Flat Foot ... ..	85	22	22	4
(c) Other ... ..	95	107	59	45
Nervous System				
(a) Epilepsy ... ..	3	4	3	—
(b) Other ... ..	8	8	5	3
Psychological				
(a) Development ...	6	33	15	18
(b) Stability ... ..	10	17	9	3
Other ... ..	52	89	68	68

**B. Classification of the General Condition of Pupils inspected during the year in the Age Groups.**

Age Groups	Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants ... ..	914	275	30.1	638	69.8	1	0.1
10 and 12 years ...	1871	684	36.5	1184	63.3	3	0.2
14, 15 and 17 years ...	971	444	45.7	522	53.8	5	0.5
Other Periodic Inspections (8 years)...	877	245	27.9	628	71.6	4	0.5
Total ... ..	4633	1648	35.6	2972	64.1	13	0.3

TABLE III

## Infestation with Vermin.

(1)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	23,069
(2)	Total number of individual pupils found to be infested for the first time	...	...	...	360
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)				—
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)				—

TABLE IV

Treatment of Pupils attending maintained Primary and Secondary Schools  
(Including Special Schools).

## GROUP 1. Diseases of the Skin (excluding uncleanliness, for which see Table III.)

							<i>Number of cases treated, or under treatment during the year.</i>	
							<i>By the</i>	<i>Otherwise</i>
							<i>Authority</i>	
Ringworm—(i)	Scalp	...	...	...	...	2	2	
	(ii) Body	...	...	...	...	25	—	
Scabies	...	...	...	...	...	6	—	
Impetigo	...	...	...	...	...	78	1	
Other skin diseases	...	...	...	...	...	65	18	
Total						176	21	

## GROUP 2. Eye Diseases, Defective Vision and Squint.

							<i>Number of Cases dealt with</i>	
							<i>By the</i>	<i>Otherwise</i>
							<i>Authority</i>	
External and other, excluding errors of refraction and squint	...	...	...	...	...	111	7	
Errors of Refraction (including squint)	...	...				—	518	
Total						111	525	

## No. of Pupils for whom spectacles were

(a)	Prescribed	...	...	...	...	...	...	427
(b)	Obtained	...	...	...	...	...	...	423



**GROUP 3. Diseases and Defects of Ear, Nose and Throat.**

				<i>Number of Cases treated.</i>	
				<i>By the</i>	<i>Authority Otherwise</i>
Received operative treatment :					
(a)	for diseases of the ear	...	...	—	13
(b)	for adenoids and chronic tonsillitis	...	...	—	201
(c)	for other nose and throat conditions	...	...	—	46
Received other forms of treatment				147	52
Total				147	312

**GROUP 4. Orthopaedic and Postural Defects.**

				<i>By the</i>	<i>Authority Otherwise</i>
(a)	Number treated as in-patients in hospitals...	—			72
(b)	Number treated otherwise, e.g. in clinics or out-patients departments	...	...	191	57

**GROUP 5. Child Guidance Treatment.**

				<i>Number of Cases treated</i>	
				<i>In the Authority's</i>	
				<i>Child Guidance</i>	
				<i>Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics				68	—

**GROUP 6. Speech Therapy.**

				<i>Number of Cases treated</i>	
				<i>By the</i>	<i>Authority Otherwise</i>
Number of pupils treated by Speech Therapists				110	—

**GROUP 7. Other Treatment Given.**

				<i>Number of Cases treated</i>	
				<i>By the</i>	<i>Authority Otherwise</i>
(a)	Miscellaneous Minor Ailments	...	...	5960	49
(b)	Other than (a) above (specify)				
	1. U.V.L. Treatment	...	...	35	6
	2. Anaemia	...	...	6	9
	3. Threadworms	...	...	5	5
	4. Chest	...	...	7	52
	5. Debility	...	...	27	7
Total				6040	128

**Nutrition.**

The general physical condition of the school children of the Borough continues to be very good. Of the 4,633 children examined during the year, only 13, or 0.3% were found to be below the normal standard of general nutrition to be expected among children of school age. This percentage is exactly the same as last year and shows that the same standard has been maintained throughout the year.



Every attention is given to these children in the way of treatment and advice with a view to improving their health and enabling them to obtain in as full a measure as possible, the benefits of the education provided.

Parental co-operation with the School Health Service continues to be most satisfactory. A high proportion of parents attend at the school medical inspections and show a growing interest in the benefits to be obtained for their children from an intelligent co-operation with medical officers, school nurses and teaching staff.

### **Minor Ailments Clinics.**

These clinics which are well attended, are held on three afternoons per week in the Central Clinic. A medical officer is in attendance at each session so that as well as treating minor ailments, these clinics give an opportunity for the mother to bring a child along if she desires to consult the doctor on any matter concerning her child's health. Additional sessions conducted by one of the school nurses, are held once per week at Whaddon, Elmfield, Lynworth and St. Paul's Schools. During the school holidays clinics are held each morning during the week at the Central Clinic.

In the near future it is hoped to make provision for the children attending schools on the Hesters Way Estate by opening minor ailments clinics in the new Hesters Way Health Centre.

## **INFECTIOUS DISEASES**

### **Poliomyelitis.**

The main feature during the year was the outbreak of Poliomyelitis. Out of a total of 30 cases of all ages in the town, nine were of school age. Of these, six suffered from the non-paralytic type of the disease and had no sign of paralysis. Three of the children had paralysis. Some of these children are still under treatment so that it is not yet possible to say what the final results will be but it is clear that the school children have not been severely affected by the outbreak. Of the six non-paralytic cases, all have made an uneventful recovery. Of the three paralytic cases one has been transferred to an orthopaedic hospital for further treatment. The remaining two are likely to have only a mild degree of residual paralysis. We must be thankful that the effects of the outbreak on the school children have not been more severe.

### **Diphtheria.**

Once again it is very pleasing to be able to report that there were no cases of diphtheria among the school children of the town during the year. Only those of us who can remember the days before immunisation can fully appreciate what this means in the saving of child life and the prevention of permanent ill-health. We must never return to those days and we never will provided we have the full co-operation of parents in keeping up the level of immunisation among the school population. That level at the moment is not high enough. It should be at least 75%. In 1954, it was only 54%. Diphtheria has been wiped out in Cheltenham. We have the means to ensure that it stays out.

### Other Infectious Diseases.

Apart from Poliomyelitis there has been no significant increase in any of the other common infectious diseases. Details concerning notification of infectious diseases received in respect of school children are given below :

<i>Measles</i>	<i>Diphtheria</i>	<i>Scarlet Fever</i>	<i>Whooping Cough</i>	<i>Polio.</i>
295	Nil	40	59.	9

I hope we will see a reduction in the number of whooping cough notifications in future after we start immunisation against this disease in our Infant Welfare Centres.

### Tuberculosis.

The following notifications of tuberculosis in children of age groups 5-15 have been received during the year :

					<i>Males</i>	<i>Females</i>	<i>Total</i>
Pulmonary	...	...	...	...	1	—	1
Non-Pulmonary	...	...	...	...	1	—	1

With the advent of B.C.G. vaccination and regular visits to the town of a Mass Radiography Unit it has been possible to put into operation new schemes of tuberculosis control and prevention aimed particularly at the younger age groups. These new schemes are as follows :—

### Tuberculin Testing of School Entrants.

All children entering school are now given, with the consent of their parents, a simple skin test which shows whether or not the child has ever been in contact with an infectious case of tuberculosis. This test is done at the first school medical examination. If the test is positive, the child is X-rayed to exclude the possibility of infection. Also, as the most likely place where a child of five years would pick up an infectoin is in the home, all members of the child's family are offered a chest X-ray.

### B.C.G. Vaccination.

Following approval by the Ministry of Health, routine vaccination against tuberculosis was started in the schools during the latter part of the year, in children between the ages of 13 and 14 years, with of course, the consent of the parents. The actual vaccination is preceded by a skin test and vaccination is carried out only in those children who show a negative result. Again, as in the case of the school entrants, those children who are found to be positive after preliminary skin test are offered a chest X-ray to exclude any possibility of infection and a visit has been made to the child's family and a chest X-ray offered to each member of the household. Where vaccination has been carried out, a further skin test is done some three months later to ensure that the vaccination has taken. In a very small number of cases it is necessary to ask permission to repeat the vaccination.

Full particulars of B.C.G. vaccination are sent to all parents who wish to have their children protected against tuberculosis.

### **X-Ray of School Leavers.**

As soon as possible after the commencement of each school term the Education Officer supplies the Health Department with a list of all children who will be leaving school at the end of that term. With the consent of the parents, all these children have a chest X-ray as an integral part of the final school medical examination.

It will be seen that these schemes of tuberculosis prevention and control provide an opportunity, both among the children and adults, for detecting unsuspected cases of tuberculosis at a time when the disease is likely to be in an early and curable stage, and even more important, before it reaches the infectious stage and can be transmitted to others. In this way the preventive health services of the Local Authority are working hand in hand with the curative services. To those unfortunate enough to contract the disease, cure is all-important, but it is surely more important to provide protection against the disease or to detect it in an early, curable and non-infectious stage. The death rate from tuberculosis has been halved. It must now be our aim to prevent new cases arising and finally to eradicate the disease altogether, by the vigorous application of all the means at our disposal.

These preventive measures have been put into operation with the very helpful co-operation of Dr. F. J. D. Knights, Chest Physician to the North Gloucestershire Chest Clinics and Dr. J. B. W. Hayward, Director of the Mass Radiography Unit, South Western Regional Hospital Board.

### **Physiotherapy.**

A physiotherapy clinic is held in premises adjacent to the Central Clinic. Children are referred by the School Medical Officer from the routine school medical inspections or from the minor ailments clinics. Treatment consists of graduated exercises and ultra violet light. Progress is watched and the children are re-inspected at school.

### **Recuperative Holidays**

We are indebted to the Cheltenham Rotary Club for generously providing a free fortnight's holiday for Cheltenham schoolboys at Weston-super-Mare.

The boys, selected by the school medical officers, are convalescent or debilitated children, whose parents would not be able otherwise to provide them with a recuperative holiday by the sea. The boys stay at the Rotary Boys House where a happy and healthy holiday, with good food and regular hours, does much to restore them to their normal vigour. Travelling expenses are also provided by the Rotary Club.

The Cheltenham Rotary Club has been providing these holidays for schoolboys in the town since 1928 and up to four boys per month can be sent to Weston. On behalf of the School Medical Committee, I would like to express our sincere thanks for this very fine example of "Service Above Self" and couple with it the gratitude of many parents in the town.

### **School Dental Service.**

As stated in the introduction to this report the work of the school dental service has been limited by the number of dental officers available and we were unable to do all we would have liked to have done. For a



great part of the year one full time dentist has been dealing with a school population of 10,000 and it would be wrong to pretend that the service provided has been adequate. One dentist, even working full time, can only hope to deal with "casuals" and the service must largely deteriorate into a routine of tooth pulling.

The function of the school dental service is essentially preventive and the most important aspect of the work is the routine school dental inspection. If the dentist is confined to his surgery with a waiting room full of casual patients he never gets round the schools. The result is that instead of seeing children in school when their teeth can be preserved by conservative dentistry, he sees them for the first time in the surgery when the chance of saving the teeth may be long since past. Preservation, not extraction, is the real job of a school dental service and this can only be achieved by regular inspection and treatment.

With the appointment of a second full time dental officer, a more adequate and comprehensive service has been planned and we should see an improvement in the second half of 1955.

Table V shows the record of work carried out in the schools and dental clinics during the year.

**TABLE V.**  
**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE**  
**AUTHORITY.**

(1) Number of pupils inspected by the Authority's Dental Officers :—					
(a) At Periodic Inspections	...	...	...	...	3519
(b) As Specials	...	...	...	...	703
					<hr/>
				Total	4222
					<hr/>
(2) Number found to require treatment	...	...	...		3105
(3) Number referred for treatment	...	...	...		2648
(4) Number actually treated	...	...	...		1520
(5) Attendances made by pupils for treatment	...	...	...		3345
					<hr/>
(6) Half days devoted to :	Inspection	...	...	...	26
	Treatment	...	...	...	504½
					<hr/>
				Total	530½
					<hr/>
(7) Fillings :	Permanent Teeth	...	...	...	1351
	Temporary Teeth	...	...	...	60
					<hr/>
				Total	1411
					<hr/>



**TABLE V.—continued.**

(8)	Number of teeth filled :	Permanent Teeth	...	...	1238		
		Temporary Teeth	...	...	60		
				Total	...	1298	
(9)	Extractions :	Permanent Teeth	...	...	...	468	
		Temporary Teeth	...	...	...	1935	
				Total	...	2403	
(10)	Administrations of general anaesthetics for extraction					...	1042
(11)	Other operations :	Permanent Teeth	...	...	...	824	
		Temporary Teeth	...	...	...	33	
				Total	...	857	

**Child Guidance Clinic.**

Children requiring psychiatric treatment are seen by Dr. J. A. Crawford, Medical Director at the Cheltenham, Gloucester and County Child Guidance Clinic in the town. Unfortunately Dr. Crawford has a long waiting list and there is necessarily a long delay before an appointment can be obtained. Again it is a case of too few trying to cope with too many but it is hoped that the necessary steps will be taken in the near future to deal with this situation.

**Speech Therapy.**

A speech therapy clinic is held in premises adjacent to the Central Clinic and 110 pupils were treated by the Speech Therapist during the year. This is a most valuable service and of great benefit to the children if they are referred for treatment at an early age. We are fortunate in having a qualified speech therapist to keep this service going. Many Authorities are severely handicapped in this sphere by their inability to obtain qualified staff.

**Employment of Children and Young Persons.**

During the year, 67 school children were examined as to fitness for employment before or after school hours and the necessary certificate was granted in each case. The standard of fitness among Cheltenham school children is such that it is exceptional if a certificate of fitness has to be refused to an applicant.

These children are kept under medical observation and there has never been any evidence that the part-time employment has been in any way detrimental to their physical or mental welfare.

All children leaving school are examined and advised in the light of their known medical histories as to any type of work for which they may have been found to be physically unsuitable and good liaison has been maintained with the Youth Employment Officer in this respect.

### Handicapped children.

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations 1945, 106 pupils have been examined or re-examined during 1954 for the purpose of ascertaining whether or not they are suffering from a disability of the mind or body and if the disability is such as to fall within a category requiring special educational treatment as prescribed by the Regulations. Of the pupils examined during 1954 :

- 45 have been ascertained to be educationally sub-normal
- 3 have been ascertained to be physically handicapped
- 6 have been reported to the Local Authority under the Mental Deficiency Acts
- 7 were found to have no disability
- 40 were found to be suitable for education in an ordinary school
- 5 were found to be ineducable.

A very welcome advance has been made during the year by the opening of the new school for educationally sub-normal children at Thirlestaine Court. Among handicapped pupils, this category is always the largest and the new school will be a very great asset. The value of ascertainment is so often nullified by the inability to make immediate provision for the special educational treatment required. This is not now the case in Cheltenham, although it is a pity that as a result of a ruling by the Ministry of Education, children cannot be retained in the school over the age of 12 years. The leaving age for an educationally sub-normal pupil is 16 years so that additional facilities will be required.

There is still a considerable delay in obtaining places for other categories of handicapped pupils in special residential schools especially for those unfortunate enough to have more than one defect. The need for more schools for these children is well recognised and every effort is being made by the Ministry to provide additional places as quickly as possible.

### Conclusion.

On the whole, the health of the school children of the Borough is very satisfactory. As will be seen from the above report, every effort is made to see that all children have the opportunity of benefitting from all the measures that a Local Education Authority can take to ensure their health and well-being. We also keep ourselves abreast of modern advances in the prevention of disease and apply new methods whenever we are satisfied that they are effective, and so we look for further improvements from year to year. It should not be thought however, that the high standard of health enjoyed by our school children today depends entirely on medical measures. Many other factors are concerned such as school-meals, physical training, convalescent holidays and the healthy environment of the new modern schools which are springing up in the town. We indeed live in an age in which there is greater opportunity than ever before for the school child to develop to the full, a healthy mind in a healthy body.

# Environmental Hygiene

**ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR (F. R. JEFFORD, M.B.E., F.R.San.I., F.S.I.A.) FOR THE YEAR ENDED 31st DECEMBER, 1954.**

*To His Worship the Mayor, the Aldermen and Councillors of the Borough of Cheltenham.*

Ladies and Gentlemen,

This is my last report on Environmental Hygiene and the administration of the Chief Sanitary Inspector's Department of the Borough of Cheltenham which I shall have the honour to present ; and on this occasion it is perhaps natural that it should be in the form of a valediction. I have had a share in compiling these Annual Reports since my first connection with the Health Department, in January, 1908, and have been directly responsible, as Chief Sanitary Inspector, for 26 years.

On my appointment to this Authority 47 years ago, the staff of the Health Department consisted of the Medical Officer of Health, the Chief Sanitary Inspector, two qualified Inspectors, a Disinfection Officer and myself, as sole clerk.

The Medical Officer, Dr. J. H. Garrett, a Barrister-at-Law, was a man of great charm and understanding to work with, forthright and very progressive. He was an enthusiastic photographer and provided much of the material and photographs for the first Guide to Cheltenham ever to be published. His special and Annual Reports were characteristic of his decided views. When I first joined the Department, Dr. Garrett was endeavouring to obtain the closing of all private slaughter-houses, which then numbered 19, in order that all slaughtering could be carried out at the Council's Public Abattoir. At this period, too, the Medical Officer and Chief Sanitary Inspector were conspicuous in carrying out alterations to, or reconstruction of all the cowsheds in the Borough and putting into force the requirements needed to ensure a safer milk supply. My time as the only clerk was very fully occupied with the introduction of the medical inspection of school children, which marked an epoch in public health work.

Prior to the appointment of Mr. A. E. Hudson, M.B.E., my predecessor, as Chief Sanitary Inspector in 1894, there had been a fully qualified inspector for only two years, with a staff of two unqualified inspectors to help him. Mr. Hudson's ability was early reflected by the testimony given by the Medical Officer and by the appearance in the Annual Reports of the Chief Sanitary Inspector's personal summary and observations. Mr. Hudson was a first class sanitarian and introduced into Cheltenham a valuable asset, in the form of Sanitary Certificates, which covered the drainage, sanitary fittings, etc. of premises and, although a voluntary measure, produced a high standard for private houses, boarding houses, hotels and college buildings. For many years, he was head of the sanitary, drainage and hygiene section of the local Technical School which



many architects attended ; this School held a record of qualified students which compared well with the large cities. In the 1914-18 War, in addition to his official duties, he was called upon to carry out the exacting work of Local Food Controller, which continued during the National industrial crisis which followed, when he was awarded the M.B.E. On his retirement, Mr. Hudson had completed 33 years service with this Authority.

In the Cheltenham of my early memories, road transport was by horse-drawn vehicles, and carriages, phaetons, gigs and hansomc were to be seen circulating in the Promenade and main thoroughfares. The leisured classes vied with each other in their smart turn-outs, complete with coachman and footman in cockaded livery and the elderly people and invalids perambulated the footpaths in coach-built wheel chairs. Many of the residential and terrace houses of the Regency period were furnished with stables and grooms' living quarters, which, together with a number of livery stables and riding schools, required constant supervision by the department in regard to receptacles and removal of manure. For those not connected with the public schools and colleges, employment was precarious, and life was hard for the working classes ; consequently a large number of housewives did laundry work for other people in their own homes. Cheltenham was then a centre for ladies wear and bespoke riding and walking boots, and employed a number of Out-workers.

In reviewing the scope of work undertaken since I became Chief Sanitary Inspector in 1927, slum clearance and housing matters are of considerable importance. Representations were first made in 1917, but it was not until 1924 that a Slum Clearance Committee was set up, when a determined effort was made to tackle this problem ; a further effort was made in 1928 and this important work was carried to a successful climax before the last War, when few houses were left to be demolished. The Clearance Areas consisted of blocks of back-to-back houses and courts but a higher proportion were dealt with by individual Demolition Orders. A peculiarity was found in the number of small houses at the rear of the main street, it being obvious that the original owners utilised all available space irrespective of washing or sanitary accommodation. In the large number of terraced houses erected in the Regency style, each had its own basement in which, originally, the domestic staff were housed. With the shortage of housing, however, these basements had been let to families with little or no alteration. Since 1928, some 562 houses have been demolished in Clearance Areas and 318 under individual Demolition Orders, while 404 basements and parts of houses have been dealt with by Closing Orders.

In 1930, Cheltenham pioneered a scheme to deal with many houses saved from demolition, by acquiring them from the owners by agreement. These were reconditioned or reconstructed and let at rentals from 7/3d. to 12/6d. per week ; in some cases they were sold to an owner/occupier. The work was carried out through the Housing Committee by me, as Chief Sanitary Inspector, at a total cost to the Council of £8,750, and the sum of £5,172 was realised from the sale of houses, showing an average profit of £5 8s. 0d. per house sold. One interesting case concerned a family requiring a minimum of five bedrooms. It was uneconomic to build a new house of this size, and, by acquiring a house with adjoining land, an extension was built and the whole faced with the same bricks. The outstanding



feature of this local scheme was the absence of loan charges. By contrast, a row of seven houses, subject to a limitation of £500, were reconditioned in 1950, at an average cost of £539 per house, with loan charges for ten years.

The Council were able, in 1934, by purchasing the site and compensating the owners, to secure the removal of a tallow factory, which, for a century, had caused a nuisance by its unpleasant smell in the heavily built-up district of Fairview.

My personal contribution to National Service covered a period prior to the Second World War, when I was called upon to organise the A.R.P. Decontamination Service. From the outbreak of War in 1939, I acted as Honorary Food Executive Officer and was also in charge of the Food Decontamination Service for the Borough and Charlton Kings, with an enrolled membership of eighty men and women. With the formation of a Civil Defence Company in the 1st Glos. Home Guard Battalion, I had the honour to be given command.

Since the War, I have given some attention to Food Hygiene matters and, in 1950, launched a very successful Clean Food Campaign, with lectures and film shows, for all members of the food trades, for which some 2,000 Certificates of Attendance were issued. In an attempt to stimulate interest in this very important matter, the use of visual aids and talks have also been given to Women's Organisations, students at schools and colleges and to the School Meals Service, as well as to the general public. In the five years, over 7,000 attendances were recorded.

During the year under review, the main work of the department has been the Housing Survey, under the Housing Repairs and Rents Act, 1954, which is still in progress at the time of making this Report, and the reorganisation of the Public Abattoir following the de-control of meat. Details of other matters appear elsewhere.

Finally, I would like to place on record my sincere appreciation of the advice and consideration extended to me by members of the Council, and particularly of the Public Health Committee. My thanks are also due to all my fellow Chief Officers for their help and co-operation over many years.

During a long association—from 1928 to 1954—Dr. D. E. Morley and I worked together in the greatest harmony, in which there was mutual understanding and confidence. This has been continued in full under his successor, Dr. T. O. P. D. Lawson.

It is with great satisfaction that I am handing over the administration of the Department to my Deputy for nine years, Mr. J. F. Ursell, D.P.A., F.S.I.A. To him and to the District and Meat Inspectors and all other members of the technical and clerical staff, I extend my warmest thanks for their loyal support at all times.

I am,

Ladies and Gentlemen,

Your obedient Servant,

F. R. JEFFORD.

June, 1955.

## SANITARY INSPECTION OF THE AREA

The total number of complaints received in the Department during the year 1954 was 809.

The following tables shew the amount of Routine Inspection work carried out by the District Sanitary Inspectors.

### SUMMARY OF SANITARY INSPECTORS' VISITS

TABLE I.

#### General Sanitation

Water Supply ... ..	24
Drainage ... ..	2252
Stables and Piggeries ... ..	156
Offensive Trades ... ..	63
Fried Fish Shops ... ..	22
Common Lodging House ... ..	8
Tents, Vans and Sheds ... ..	98
Factories ... ..	355
Outworkers ... ..	39
Bakehouses ... ..	82
Public Conveniences ... ..	19
Theatres ... ..	1
Refuse Collection ... ..	238
Refuse Disposal ... ..	1
Rodent Control ... ..	114
Smoke Observations and Atmospheric Pollution Visits ... ..	87
Marine Stores ... ..	26
Schools ... ..	15
Miscellaneous Sanitary Visits ... ..	225
Interviews ... ..	918
Total ... ..	4743

TABLE II.

#### Housing

##### *Under Public Health Acts :*

No. of Houses Inspected ... ..	529
Re-Visits ... ..	463

##### *Under Housing Acts :*

No. of Houses Inspected ... ..	802
Re-Visits ... ..	541

##### *Overcrowding :*

No. of Houses Inspected ... ..	9
Re-Visits ... ..	7

##### *Verminous Premises :*

No. of Houses Inspected ... ..	11
Re-Visits ... ..	1

<i>Housing Repairs and Rents Act</i> ... ..	19
---------------------------------------------	----

<i>Miscellaneous Housing Visits</i> ... ..	257
--------------------------------------------	-----

Total ... .. 2639

TABLE III.

**Infectious Diseases**

Inquiries in Cases of Infectious Disease	...	...	...	57
Miscellaneous Infectious Disease Visits	...	...	...	4
				<hr/>
Total	...	...	...	61
				<hr/>

TABLE IV.

**Food Inspection, etc.***Inspection of Meat :*

Visits to Public Abattoir	...	...	...	...	113
Visits to other premises	...	...	...	...	74

*Food and Drugs Act, Sections 13 and 14 :*

Butchers	...	...	...	...	116
Fishmongers and Poulterers	...	...	...	...	15
Grocers	...	...	...	...	92
Greengrocers and Fruiterers	...	...	...	...	20
Dairies and Milkshops	...	...	...	...	100
Ice Cream Premises	...	...	...	...	74
Food Preparing Premises	...	...	...	...	93
Restaurants and Hotel Kitchens	...	...	...	...	234
Licensed Premises	...	...	...	...	5
Market Stalls	...	...	...	...	110
Street Vendors' and Hawker's Carts	...	...	...	...	1

<i>Food Inspection and Condemnation Visits</i>	...	...	...	...	473
------------------------------------------------	-----	-----	-----	-----	-----

*Visits in Connection with Sampling :*

Milk—Bacteriological	...	...	...	...	70
Food and Drug Samples	...	...	...	...	199

<i>Miscellaneous Food Visits</i>	...	...	...	...	226
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Total	...	...	...	...	2015
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TABLE V.

**Other Visits***Shops Act:*

Closing Hours	...	...	...	...	421
Employment of Young Persons	...	...	...	...	63
Re-Visits	...	...	...	...	37

<i>Pharmacy and Poisons Act</i>	...	...	...	...	5
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<i>Merchandise Marks Act</i>	...	...	...	...	30
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<i>Rag Flock and other Filling Materials Act</i>	...	...	...	...	11
--------------------------------------------------	-----	-----	-----	-----	----

Total	...	...	...	...	567
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Total of Tables I, II, III, IV and V	...	...	...	...	10,025
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**NOTICES SERVED**

During the year the following notices were served and complied :—

	<i>Informal Notices</i>		<i>Formal Notices</i>	
	<i>Served</i>	<i>Complied</i>	<i>Served</i>	<i>Complied</i>
Cheltenham Improvement Act, 1889	1	1	—	—
Public Health Act, 1936	196	211	15	24
Housing Act, 1936	1	—	—	—
Factories Act, 1937	20	19	—	—
Food and Drugs Act, 1938	20	25	—	—
Prevention of Damage by Pests Act, 1949	1	—	—	—
Shops Act, 1950	1	1	—	—
	<hr/> 240	<hr/> 257	<hr/> 15	<hr/> 24

The Notices complied with include those outstanding from the previous year.

**Information in Regard to Land Charges**

Requests for information under the Land Charges Act were received and dealt with during the year in respect of 1,359 Official Searches.

**FACTORIES ACT, 1937**

At a factory of stove enamellers the process entailed the spraying of metal articles with synthetic paints and finally, heat treatment in ovens. The spraying is carried out in small booths equipped with extractor fans and surplus spray paint is conducted by 12 in. exhaust ducts to the external air. Originally large water tanks were placed within about 12 ins. of the duct outlets, which were directed downwards so that surplus paint would collect on the surface of the water. However, Her Majesty's Inspector of Factories visited the premises and was of the opinion that the water tanks impeded the proper ventilation of the booths and accordingly they were removed. Proof that the water tanks had, to a large degree, served their intended purpose, was soon evident as, after a time, the ground near the ducts became heavily coated with paint and the spray escaping into the atmosphere gave rise to an unpleasant smell which was clearly discernible in houses near the factory and complaints to the department followed.

The factory owners immediately placed the matter in the hands of a firm specialising in air-conditioning and the Public Health Standing Sub-Committee inspected the premises with a technical expert and a representative of the paint suppliers.

It was agreed to install a system of ducts with a fan discharging downwards so that the air is blown over a water surface to "wash" out solids, and then to a discharge pipe at ridge level. The final fan discharge was placed as far as possible from the adjoining houses and the possibility of any minute particles reaching them was considered very remote.

After installation of the plant, frequent observations were made at the factory from time to time and the system is working effectively and satisfactorily. The aggrieved residents who complained also confirm that there has been a noticeable improvement.



The following tables shew the work carried out during the year :—

**1. Inspections for purposes of provisions as to Health.**

Premises	Number on Register	Number of	
		Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority ... ..	62	32	2
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	356	304	10
(iii) Other premises in which Section 7 is enforced by the Local Authority	14	19	—
Totals ...	432	355	12

**2. Cases in which defects were found.**

Particulars	Found	Remedied
Want of Cleanliness (S.1) ... ..	1	—
Overcrowding (S.2) ... ..	—	—
Unreasonable temperature (S.3) ... ..	—	—
Inadequate ventilation (S.4) ... ..	—	—
Ineffective drainage of floors (S.6) ... ..	—	—
Sanitary Conveniences (S.7)		
(a) insufficient ... ..	2	—
(b) unsuitable or defective ... ..	15	18
(c) not separate for sexes ... ..	—	—
Other offences against the Act (Not including offences relating to Outwork) ... ..	2	1
Totals ...	20	19

**3. Outwork—Sections 110 and 111 of the Factories Act, 1937.**

Nature of Work	No. of outworkers in list required by Sec. 110 (i) (c)		Section 111 Notices Served
	February List	August List	
Wearing apparel (Making, etc.)	34	34	—
Curtains and Furniture Hangings	1	1	—

## SMOKE ABATEMENT

Atmospheric Pollution has received considerable attention during the year. The deposit gauge sited in the Promenade and the one on the pavilion of the Gloucester Road Schools have now been functioning for twelve months. The results of the Public Analyst's report are quite illuminating, as can be seen from the graph illustrating the total results. The figure at the Gloucester Road Schools, given as an average, is slightly higher than that for the gauge on the roof of premises in the Promenade, the results being expressed in tons per square mile. The figure for March for the gauge in the Promenade needs qualifying as, during that period, the adjacent roof was re-asphalted and the sand dressing was blown into the atmosphere. The Analyst himself, without any intimation from this office, expressed surprise at the presence of a large amount of sand. It is felt, therefore, that the reading of 36 tons does not represent a true figure of atmospheric pollution unless qualified. Excluding this one month, the average for the period is 9.75 tons per square mile. The gauge on the school pavilion adjacent to the Gas Works varies greatly according to the direction of the wind. With an Easterly wind the deposits from the Gas Works reached 28 tons per square mile but, with a prevailing South West wind, which carries the deposits in the direction of St. Peter's Church, the average is 14.29 tons. In 1952, when a gauge was sited at St. Peter's Vicarage, the average for the twelve months was 13.35 tons per square mile.

There is little doubt that the old horizontal retorts at the Gas Works are responsible for a large amount of atmospheric pollution and, whilst the Gas Board have been most helpful and have, undoubtedly, reduced their smoke and grit emission considerably, a nuisance still does exist and will continue to do so, until the old horizontal retorts are replaced with modern vertical ones.

Concern has also been felt regarding the tipping of hundreds of tons of carbon black to the rear of St. Peter's Church. The Gas Board have been approached and have stated that it is their intention to cover this bank with soil and grass as soon as consolidation takes place.

A combination of unfortunate circumstances continue to cause the department concern due to complaints of grit nuisance being received from residents in the immediate neighbourhood of a large works of Architectural Decorators.

The houses are in very close proximity to the works where the operations include a foundry, and also there are a main railway line, station and level crossing within a small area.

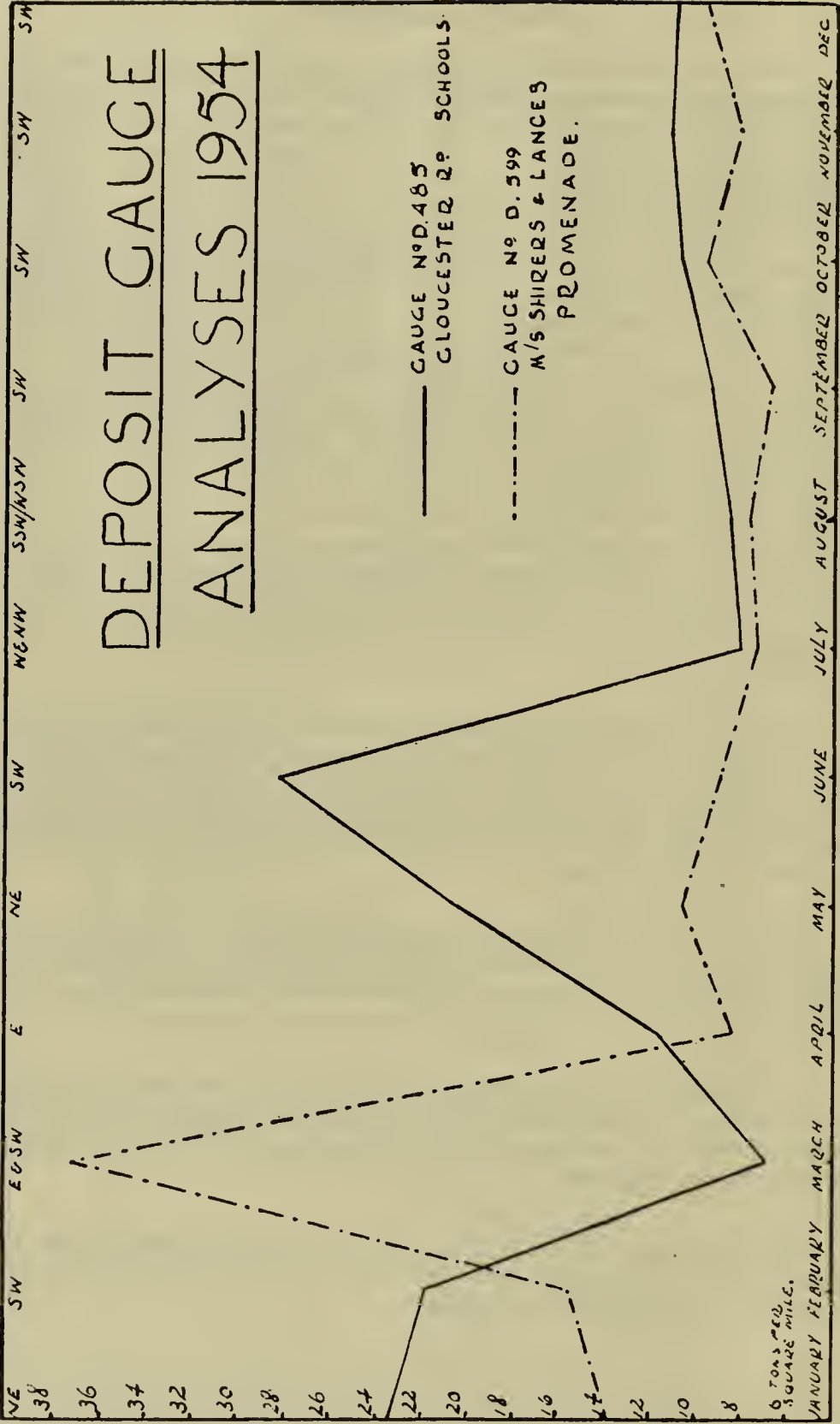
Due to representations from the department in the past two or three years, the factory has expended over £2,000 on plant and grit arrestors to boilers situated nearest the houses and during the year under review, the height of a stack was increased.

# DEPOSIT GAUGE

## ANALYSES 1954

— GAUGE N° D. 485  
GLOUCESTER 2° SCHOOLS

----- GAUGE N° D. 599  
M/S SHIRERS & LANCES  
PROMENADE.



The problem of completely abating any cause for complaint is complicated by steam locomotives on the main railway line and it has been recorded that smoke was discharged for long periods in the vicinity of the houses by stationary locomotives during rail traffic congestion.

Complaints of smoke emission from laundry, dairy and other factory chimneys continue to be received.

The absence of dense smoke from heavy industry in this town has the effect of focussing attention on the occasional lapses of the isolated chimneys of small local factories.

Those periods of which particular complaint have been made are in the early morning when the coal fires are being relighted or built up, or at lunch time when firebars are cleaned. A certain amount of smoke is unavoidable at such times though this should be minimised. Representations are always made to the firms concerned when complaints have been substantiated and the management have invariably been co-operative.

### **PUBLIC HEALTH ACTS (AMENDMENT) ACT, 1907**

A new business was established by a firm dealing in old metals and marine stores in an area scheduled under local Town and Country Planning proposals as residential, and an application was received for the premises to be registered in accordance with the provisions of the Public Health Acts (Amendment) Act, 1907.

The Public Health Committee deferred a decision on the application, pending consideration of the proposal by the Town Planning Committee.

In the meantime the business started, and within a short time was operating on a fairly large scale. The reaction of the residents in the neighbourhood was immediate and a number of complaints were received by the Department. Nuisances were created by volumes of black smoke given off during the burning of rubber-covered wire in large open crucibles so as to re-claim copper, lead and other metals. It was also contended that the accumulations of scrap metal, besides being unsightly, provided harbourage for rats, which were alleged to "abound the area." After representations from the department the burning of wire and other materials was discontinued.

These protests culminated in a petition signed by 75 residents being presented to the Town Council "urging the Borough Council to take immediate action regarding the location of a waste and scrap merchant's yard." This matter was later dealt with by the Planning Committee.



**HOUSING ACT, 1936.****LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1953.**

The following action under the above Acts was taken during the year (figures for 1953 are given for comparative purposes) :—

	1953	1954
(a) Closing Orders (Basement Dwellings) ...	23	21
(b) Closing Orders (Parts of Houses, etc.) ...	5	2
(c) Closing Orders Determined ... ..	3	6
(d) Demolition Orders ... ..	10	—
(e) Houses Closed ... ..	—	9
(f) Demolition Orders Quashed ... ..	—	2
(g) Undertakings to render premises fit accepted	4	6
(h) Undertakings to render premises fit complied with ... ..	4	6
(i) Undertakings not to use premises for human habitation ... ..	2	1
(j) Houses demolished ... ..	2	2

Action taken during the past nine years is as follows :—

	No. of Houses	No. of persons displaced
Houses demolished as a result of formal procedure under Section 11 ... ..	19	71
Houses closed in pursuance of an undertaking given by the owners under Section 11 ...	28	119
Houses closed under Local Government (Miscellaneous Provisions) Act, 1953 ...	9	30
Parts of buildings closed (Section 12) ...	241	718
Houses made fit as a result of formal notice under Sections 9-12 ... ..	69	—

**NEW HOUSES**

New houses completed in the Borough since June, 1945 are as follows :—

	By the Council	By Private Enterprise
Up to 31st December, 1950 ... ..	1426	
During 1951 ... ..	263	
„ 1952 ... ..	417	
„ 1953 ... ..	924	
„ 1954 ... ..	539	
Up to 31st December, 1954 ... ..	3569	599

## HOUSING

### Slum Clearance

The Housing Repairs and Rents Act, 1954, came into force on 30th July, 1954. The immediate requirement of the Act is a survey of houses within the Borough, to determine which are unfit for human habitation. Proposals for dealing with the houses and with any other houses which ought to be included in Clearance Areas must be submitted to the Minister within one year of the above date.

It is estimated that approximately 1200 houses and basements will have to be inspected to assess the housing position in the town and this work has been put in hand. In view of the magnitude of the task and the need to maintain routine inspection at a reasonable level, progress this year will be limited as additional staff is not being employed. It will be possible, however, to complete the survey within the period laid down, as the staff will be reinforced by the return of one member from National Service in 1955. In view of the long programme of slum clearance and reconditioning carried out prior to 1939, it is possible to say that further extensive clearance on the grounds of unfitness is not envisaged. A number of small groups of houses are of a type which might be scheduled for clearance, otherwise the Survey is likely to reveal numerous individual unfit houses requiring extensive repair and improvement and a considerable number of basements.

The Housing Repairs and Rents Act, 1954, has amended the Act of 1936 considerably as regards the basis on which the suitability of a house for occupation is to be assessed. A new standard of fitness has been laid down, in that regard must be had to certain specified matters, and the Act repeals the former requirement that a house must be "in all respects" fit for occupation. Furthermore, local byelaws must be disregarded when deciding on the suitability for habitation, of a house. At the present stage it appears that these changes are detrimental and will inevitably result in a lowering of housing standards. This view is strengthened by consideration of the results of recent appeals to the Courts.

Part II of the New Act is of particular interest in that conditions are laid down whereby a "repairs increase" can be claimed in respect of the rent of controlled dwellings. A tenant who has received notice of increase may apply for a "Disrepair Certificate" and during the year seven such applications were received, all of which were granted. In no case since has a Certificate been revoked. On consideration of the conditions which justify an increase in rent and the comparatively small increase permitted, this measure is not considered likely to achieve much success. The high cost of present day repairs and the neglect of years are the principal factors involved and, to be really effective, rent increases would have to be much larger.

One feature of the present day housing position is the increase in the number of owner occupiers. Many owners of tenanted property in poor state of repair have deemed it wise to dispose of their houses to the occupiers. The latter, buying cheaply, have been in a position to repair and are taking advantage, in increasing numbers, of grants which may be obtained for improvements under the Housing Act, 1949.

In general, it is disconcerting to realize that an owner may comply with a Housing Act, 1936, Section 9 repair notice and yet be not entitled to raise the rent under this Act.

### **Demolition Orders**

The unsatisfactory position which exists at present in regard to the demolition of property is illustrated by the following facts relating to the end house of a terrace which was the subject of a Demolition Order. The property subsequently changed hands and considerable difficulty was encountered in enforcing the Order. Eventually, and under the threat of action in default by the Council, the house was pulled down but the site was not properly cleared and a large accumulation of bricks, rubble, etc., remained. The owner then attempted to salvage and sell as much as possible. Local residents and house owners complained that the condition of the site was detrimental to the neighbourhood. A Demolition Order does not, however, require the clearance of debris from the site and though the position was extensively explored under the Public Health and Town Planning Acts, the Council's Solicitor advised that, in the absence of a Statutory nuisance or actual danger to the public, no further action could be taken.

It seems reasonable that the demolition of property should incur the obligation on the owner to clear away all debris completely and fence in the site to the local authority's satisfaction.

Another point of interest arose when the owner of the adjoining house made representation in regard to dampness which had arisen in his property following the above demolition. Here again it seems that whilst an easement of support exists in a case of this description, weather-proofing of the exposed party wall of adjoining property, cannot be required of the owner carrying out the demolition works.

### **Closing Orders**

Closing Orders were made during the year on twenty-one basements under Section 12 of the Housing Act, 1936 and six Undertakings to render the premises fit were accepted.

Revised Model Regulations were issued in June, 1954 by the Ministry of Housing and Local Government, relating to Underground Rooms. In general, the proposed Regulations were no improvement on those already in force in the Borough, made in April, 1952.

The Ministry had then agreed to certain amendments designed to meet the particular conditions existing in Cheltenham, including a requirement for vertical damp-proof courses in view of the large proportion of terraced houses with basements in the town.

For these reasons and bearing in mind that the Regulations now in force had been recently revised, the Model Regulations were not adopted.

Nine houses were also subjected to Closing Orders made under the Local Government (Miscellaneous Provisions) Act, 1953, where demolition was not feasible. The total number of premises in respect of which Closing Orders are now in force is 413.



It is known that approximately 300 occupied basements in the town will need inspecting for the purposes of the survey of housing which has to be carried out before the end of 1955.

### **MOVEABLE DWELLINGS**

There are 18 licensed sites within the Borough, providing accommodation for 75 caravans.

Wimpey's builders' site at Hesters Way, accommodating 20 caravans, was discontinued on 30th September. There has been a growing tendency for builders engaged on large schemes or buildings to require permission to establish caravans, either for key workers or foremen. These sites are generally well run, and fulfil a great need for people who are going to be employed for several months on a particular site.

It is to be regretted that there is no standard for caravans being built for human habitation. In some cases the cheaper form of caravan is poorly constructed, often lined with sheet metal and, being inadequately insulated, is subject to extensive condensation. In one such case, where the van was considered to be unfit for human habitation, a notice was served on the owner, which resulted in the van being withdrawn and replaced by a suitable one.

On the question of standards, the danger from fire in caravans is a very real hazard and, here again, a large part of the fabric could be fire resisting.

### **INSPECTION OF FOOD**

#### **Food and Drugs Act, 1938**

Two hundred and thirty samples were taken during the year ; this equals 3.473 samples per 1,000 population, which is slightly in excess of Ministry requirements.

Twelve samples were adversely reported upon the by Public Analyst ; this figure represents 5.217% of the total samples taken. Of the 76 formal samples of milk, only one was found to be very slightly deficient in fat content.

The Food and Drugs Act, 1938, makes this Authority responsible for ensuring that food and drugs sold within the Borough are of the standard required.

In view of the tremendous advances in drug therapy and the question of rapid deterioration of such drugs in storage, it is felt that much more attention will have to be devoted to the sampling of such articles. A Sampling Officer may, according to the Act, take a sample of any drug and no exceptions are mentioned. Therefore, this will entail taking samples for analysis of scheduled poisons and the modern anti-biotics, in addition to other drugs in the Pharmacopoeia and Codex.



In view of the enormous amount of money that is spent on medicines through the National Health Service, it is felt that such drugs as Penicillin and poisons should be sampled by means of the necessary prescriptions ; arrangements may have to be made with the Regional Executive Councils for the supply of such prescriptions.

In accordance with the Ministry of Health requirements, the following samples were taken :—

<i>Commodity</i>	<i>Formal</i>	<i>Informal</i>	<i>Commodity</i>	<i>Formal</i>	<i>Informal</i>
Brandy ...	1	—	Liver Salts ...	—	1
Beef Sausages ...	3	—	Luncheon Meat ...	1	—
Beer ...	4	—	Lung Tonic ...	—	1
Black Pudding ...	—	1	Margarine ...	4	—
Bread ...	—	2	Marmalade ...	—	2
Butter ...	2	2	Mineral Waters ...	—	1
Cake Mixture ...	—	1	Milk ...	76	1
Cereal ...	—	1	Milk Powder ...	—	2
Cheese Cake Mix. ...	—	1	Minced Beef Loaf ...	—	1
Cheese Spread ...	—	2	Mincemeat ...	—	2
Chocolate Coconut ...	—	1	Orange Drink ...	2	5
Christmas Pudding ...	1	—	Oranges ...	—	1
Cochineal ...	—	1	Olive Oil ...	1	—
Cockles ...	1	—	Plums (Imported) ...	1	—
Coffee Essence ...	1	1	Pork Pies ...	—	2
Cream ...	1	1	Pork Sausages ...	3	2
Cream Cheese ...	—	1	Port Flav. Beverage ...	—	1
Custard Powder ...	—	2	Prunes ...	1	—
Desiccated Coconut ...	—	1	Rum ...	1	—
Dried Apricots ...	1	—	Rum Flavouring ...	—	1
Dried Fruit ...	1	3	Rye Bread ...	1	—
Dripping ...	1	4	Sago ...	1	—
Evaporated Milk ...	2	—	Sauce ...	1	2
Faggots ...	1	—	Sherry ...	1	—
Fish Cakes ...	1	—	Sliced Bread ...	—	1
Fish Paste ...	1	1	Soup ...	—	2
Fruit Cordial ...	3	—	Soup Powder ...	—	2
Ginger Wine ...	1	—	Suet ...	—	1
Glacé Cherries ...	—	1	Sugared Coconut ...	—	1
Grapefruit ...	—	1	Sugared Strands ...	—	1
Gravy Browning ...	—	2	Sugar Figure ...	—	1
Ground Almonds ...	—	1	Sweets ...	1	1
Halibut Oil ...	—	2	Tea ...	1	—
Herrings ...	—	1	Tea Seed Oil ...	1	—
Honey ...	2	—	Tinned Grapes ...	—	1
Horse Radish ...	—	2	Tinned Tomatoes ...	—	1
Ice Cream ...	13	—	Tomato Juice ...	—	1
Iced Lolly ...	—	1	Vegetable Sausage ...	—	1
Jam ...	2	2	Vinegar ...	1	—
Jelly ...	—	2	Vitamin Tablets ...	—	3
Lard ...	2	—	Whipping Compound ...	—	1
Lemonade Powder ...	—	1	Whisky ...	1	—
Liquid Paraffin ...	—	1			

*Number of Samples taken during 1954 :*

Formal ...	...	...	...	...	144
Informal ...	...	...	...	...	86
Total ...					230

**TWELVE SAMPLES WERE ADVERSELY REPORTED UPON BY  
THE PUBLIC ANALYST DURING THE YEAR**

Sample No.	Description	Formal or Informal	Result of Analysis	Remarks
177	Cream (tinned)	I	Sample decomposed	Formal sample proved satisfactory.
200	Imported plums	F	Contained excessive quantity of lead compounds	Warning letter sent to vendor by Town Clerk.
26	Blackcurrant Jam.	F	Good quality jam but very slightly deficient in Soluble Solids.	Not sufficient for any action.
73	Mixed Dried Fruit.	I	Extraneous matter present.	See sample No. 79.
75	Orange Juice	I	Fresh Orange Juice diluted with water, incorrect label.	Warning letter sent to vendor by Town Clerk.
79	Mixed Dried Fruit.	F	Extraneous matter present—not of quality demanded.	Warning letter sent to vendor by Town Clerk.
133	Lung Tonic.	I	Deficient in chloroform.	No further action.
146	Herrings in wine sauce.	I	Labelling offence.	Letter sent by Town Clerk to Manufacturers.
155	Bread.	I	Contained rodent excrement.	See report on Foreign Bodies in Food.
159	Sherry.	F	Slightly deficient in proof spirit.	Not sufficient to justify proceedings.
171	Milk.	F	Very slightly deficient in Fat Content.	Further sample proved to be satisfactory—no action.
172	Bread.	I	Contained dirt consisting of mixture of oil, rust, etc.	See report on Foreign Bodies in Food.

## FOREIGN BODIES IN FOOD

<i>Complaints Received during 1954.</i>	<i>Remarks</i>
Cockroach in bread ... ..	Warning letter sent by Town Clerk.
Mould in steak and kidney pie	Warning letter sent by Town Clerk to manufacturers and retailer.
Mouse excrement in bread ...	Proceedings authorised—with- drawn on advice of Public Analyst, not sufficient evidence.
Slug in bottle of milk ...	Warning letter sent by Town Clerk to dairyman.
Weevil in wholemeal loaf ...	Verbal warning given to baker.
Grease in bread ... ..	Not sufficient evidence for any action.
Piece of metal in bread ...	Manufactured and purchased outside Borough—complaint forwarded to authority con- cerned.
Material resembling celluloid or plastic in bread ... ..	Proceedings taken against manu- facturers—fined £5 plus £3 3s. costs.
Glass in bread ... ..	Warning letter sent by Town Clerk.
Thistle buds in tinned peas ...	Manufacturers notified.
Rodent excrement in bread ...	Proceedings taken against manu- facturer/retailer—fined £15 plus costs.
Dirt, consisting of oil and rust, etc. in bread. ... ..	Proceedings taken against manu- facturer/retailer — fined £15 plus costs.

# **PARTICULARS OF FOODSTUFFS EXAMINED AND REJECTED AS UNFIT FOR HUMAN CONSUMPTION**

Tinned Foods				<i>Tins</i>	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	
Fruit	...	...	...	1605	1	2	2	16	
Meat	...	...	...	470	—	10	—	2	
Vegetables		...	...	1315	—	13	—	6	
Soup	...	...	...	84	—	—	3	—	
Fish	...	...	...	349	—	1	1	17	
Jam	...	...	...	14	—	—	—	23	
Milk	...	...	...	215	—	1	3	9	
Other tinned foods			...	65	—	2	—	17	
Total				...	4117	2	12	—	6

General					<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	
Meat	...	...	...	...	—	17	2	7	
Fish	...	...	...	...	—	6	2	24	
Poultry	...	...	...	...	—	1	3	15	
Eggs	...	...	...	...	—	—	3	13	
Cooked Meats	...	...	...	...	—	3	—	8	
Flour and Cereals	...	...	...	...	—	1	—	3	
Dried Fruit	...	...	...	...	—	1	1	15	
Cheese	...	...	...	...	—	2	—	10	
Sugar	...	...	...	...	—	2	1	—	
Miscellaneous	...	...	...	...	—	5	2	5	
Total					...	2	2	1	16
Grand Total					...	4	14	1	22

A large stock of tinned cherries which had been stored for two or three years by a local wholesaler was found to be blown and was condemned. Two bags of sugar were burst in transit to the retailer and the contents contaminated.

The total of approximately  $4\frac{3}{4}$  tons of food condemned is considerably less than previous years and is the lowest since before the war. This reduction can be accounted for in several ways. All war time stocks of tinned foods have now been exhausted and a rapid turnover of goods takes place in the grocery trade so that deterioration during storage is reduced to a minimum. In the case of meat and fish, transport and storage facilities have continued to improve.

Furthermore, some firms are not now requesting certificates in respect of unfit foods but are dealing direct with the wholesaler, or their own headquarters, so that this Department's services are no longer called for.

Nevertheless, the amount of time devoted to the inspection of over 4,000 tins of food and two tons of other foods was considerable and necessitated the issuing of some 1,300 certificates.



## **CATERING ESTABLISHMENTS**

During the year two large catering establishments, a café and a hotel, carried out a complete re-organisation of their food preparation facilities. In each case the kitchens were re-sited in larger rooms with improved lighting and ventilation. Cooking equipment was grouped centrally under canopies fitted with exhaust ducts to carry off effluvia. Double stainless steel sinks were provided, together with adequate washing facilities for staff. Table tops and counters were finished in heat-resisting laminated plastic, floors and wall surfaces being tiled throughout. A mechanical dish-washer was installed in the café.

Since the war, a steady improvement has undoubtedly taken place in the conditions under which food is prepared in local cafés and hotels. Despite increased building costs and the high price of equipment, a number of firms have now carried out similar schemes to the above. The success of the drive for clean and safe food, however, will depend, not only on the provision of modernised buildings and fittings, but even more on the maintenance of a high standard of personal hygiene by the staff and careful use of equipment.

The food handler must be fully conscious of his responsibilities towards the public, and this can only be achieved by education at an early stage by both employer and Health Department. The employer can assist further by providing all amenities possible for the staff, and rest rooms, with facilities for taking meals, white overalls and head-gear, and clothes lockers are some of the items to which attention can be directed.

It must not be forgotten that the public have a part to play. To refer to one unsatisfactory practice alone illustrates this point ; dogs are still being taken into food shops and cafés by customers, who choose to ignore printed appeals to leave them outside.

It is a matter for regret that the recommendations of the Catering Working Party's Report have not yet been put into practice, though the report was, in fact, issued in 1951. In particular, it is felt that a strong case can be made out for the registration of Catering Establishments.

## **FOOD HYGIENE**

Owing to the many other duties now carried out by Sanitary Inspectors, it has not been possible to continue the intensive course of lectures to food traders, which proved so successful during the past few years.

Two lectures were, however, given to members of the School Meals Service, as a result of which 144 members received specially printed Certificates of Attendance. Both Her Majesty's Inspector for School Meals and the local Education Officer gave the course their support by attending.

On the first day, new staff, who had not before attended any similar course, were shown the filmstrips prepared by the Central Council for Health Education and two well-known films on food hygiene ; some interesting tests were also arranged, using specially prepared sterile plates.



*Refreshment Hall and Kitchen of Interchange Coach Station with day and night service.*





*Typical Basement Dwelling*



*"Prince Charles"—Abattoir Horse*

Members of the audience were asked (i) to comb dry hair over the plate, (ii) to cough onto another, and (iii) to place their unwashed hands onto a third. The School Meals Organiser had also brought some raw milk, boiled milk, meat broth and gravy, swabs from which were similarly treated. The dishes were sealed in front of the audience, taken to the Laboratory of the local Hospital for incubation, and the results shown at the next lecture three days later. At the second talk, all staff, old and new, attended and were shown the results of the bacteriological tests ; they were amazed at the growth of germs on the plates. A new type of visual aid—a flannelgraph—was also used to bring home the lessons of personal hygiene ; and the course concluded with the showing of the Irish film on the work of the Sanitary Inspector, entitled “Everybody’s Business.”

Later in the year, a talk, embracing Food Hygiene, Housing and Atmospheric Pollution, was given to the Citizenship class of the final year students at the Cheltenham Ladies’ College. On this occasion, the new filmstrip prepared by the Sanitary Inspector’s Association was shown and resulted in some very pertinent questions being asked.

In this report three years ago, I expressed the opinion that the general public, despite efforts to interest them, were completely apathetic where clean food was concerned ; and one of the most gratifying results of the lectures and demonstrations given during the past five years is the increasingly co-operative attitude of the purchasing public.

Special note should be made of the fact that members of the public are not now content with merely complaining to the shop-keeper, but will persist in bringing the offending foodstuffs to the correct authority, even if it means visiting, for example, the Police Station and the Weights and Measures Inspector before finally being directed to the Public Health Department. An even more notable fact is that many more are now willing to appear in Court.

The co-operation of the general public is considerably strengthened when they realise that the Local Authority are prepared, where proceedings are justified, to take legal action.

### ICE CREAM

Number of Ice-Cream Premises Registered at 31st December, 1954.

<i>Storage and Sale</i>	<i>Manufacture Storage and Sale</i>	<i>Manufacture only</i>	<i>Storage only</i>
155	8	1	2



## ICE CREAM CHEMICAL EXAMINATION

<i>Analyst's Sample No.</i>	<i>Fat %</i>	<i>Lactose %</i>	<i>Sugar %</i>	<i>N.F.S. %</i>	<i>Total Solids %</i>	<i>Preserva- tives</i>
2254	11.42	—	17.15	21.10	32.52	Absent
2293	10.34	5.26	14.48	24.89	35.23	Absent
2294	11.06	6.14	14.69	26.03	37.09	Absent
2295	11.21	4.91	14.34	25.86	37.07	Absent
2297	11.16	5.66	12.54	22.46	33.62	Absent
2311	11.72	5.97	15.22	25.56	37.28	Absent
2312	11.50	5.87	15.00	26.68	38.19	Absent
2346	12.04	5.11	12.52	23.88	35.92	—
2348	11.94	4.81	13.68	24.95	36.89	—
2361	9.58	6.03	10.11	20.54	30.12	Absent
2395	12.26	5.91	11.79	26.37	38.63	Absent
2405	10.67	5.72	12.19	26.87	37.54	Absent
2406	12.07	4.93	10.01	24.00	36.07	Absent

## MILK AND DAIRIES

On October 1st, 1954, the Borough of Cheltenham became a "specified area" that is to say, from this date all milk sold by retail in this district must be "specially designated" milk, i.e., pasteurised, sterilised or tuberculin tested. In actual fact no sterilised milk is prepared or treated within the Borough.

Large areas of the country have already been specified with the result that the milk supplies of 3/5ths of the whole population will consist wholly of "specially designated" milk.

This scheme is of primary importance in the campaign to reduce the spread of infection of bovine origin, in particular tuberculosis. It is, therefore, pleasing to note the progress made nationally and locally.

A further requirement of the Milk Regulations, 1949 also came into force on the above date to the effect that Pasteurised milk must be put into the containers in which it is delivered to the consumer, at the premises at which it is pasteurised and all containers must be securely fastened with a cap or cover over-lapping the top of the container.

The Council has also decided on the wording to be permitted on bottle caps and the type of cap to be used for Tuberculin Tested milk and the labelling of churns of Pasteurised milk.

One effect of the above provisions is a reduction in the number of retailers selling milk direct from the farm. Raw milk having been forbidden except where Tuberculin Tested, retailers must obtain supplies from the larger pasteurising firms, so that sources of supply are now comparatively concentrated.

Routine samples for chemical analysis are taken monthly but adulteration and abstraction are becoming a rare occurrence.

Bacteriological samples are taken fortnightly from three Pasteurising plants and in case of need, more frequently. It was found necessary to pay particular attention to one firm using the "Holder" process of pasteurising when Methylene Blue Tests on routine samples were unsatisfactory. In addition to checking over the Pasteurising plant and the efficiency of the bottle washing process, twenty-five samples were taken of unpasteurised milk in course of delivery to the dairy concerned from the suppliers. All five of the samples from one dairy failed the Methylene Blue test. At this stage the matter was referred to the County Milk Production Officer for further investigation at the farm.

### PUBLIC ABATTOIR—MEAT INSPECTION CASUALTIES RECEIVED 1954

Animals received	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Totals
Carcasses admitted	6	55	19	9	28	157	336	610
	—	—	—	—	—	4	19	23
<b>TOTALS</b>	<b>6</b>	<b>55</b>	<b>19</b>	<b>9</b>	<b>28</b>	<b>161</b>	<b>355</b>	<b>633</b>
Total Rejections	—	16	3	3	14	63	53	152
Partial Rejections	4	39	15	6	14	96	302	476
<b>TOTALS</b>	<b>4</b>	<b>55</b>	<b>18</b>	<b>9</b>	<b>28</b>	<b>159</b>	<b>355</b>	<b>628</b>

A total of 124 veterinary surgeons' certificates were received in respect of the 610 animals and 23 dressed carcasses. Thus for every 100 animals sent in for emergency slaughter, only 16 had been previously examined by a veterinary surgeon. This is a most unsatisfactory state of affairs. With the advent of decontrol of meat, the veterinary surgeon's certificate of slaughter has virtually ceased to exist along with the unsolicited and honest declaration on the part of the owner that the animal is being slaughtered for emergency reasons. It would appear that owners make direct approaches to the butcher and either sell the animal alive or on a deadweight basis. This type of dealing tends to mask the true facts, i.e., that the animal is being slaughtered because of ill-health, and it may not be until some time later, usually if the carcass or some part has been rejected, that such facts come to the knowledge of the meat inspector. This state of affairs has made the ante-mortem examination of all animals all the more imperative. With modern emphasis placed so much upon the prevention of food poisoning and along with the marked notoriety of casualty animals being a positive source of such dangers, the deliberate concealment of such facts from any meat inspector surely amounts to a form of culpable negligence. It is submitted that all casualty animals should be declared, and accompanied by a veterinary certificate stating (a) the reason for requiring immediate slaughter and (b) provisional diagnosis and any other information which, in the opinion of the veterinary surgeon, would be of use to the meat inspector.

# **CARCASSES INSPECTED AND CONDEMNED AT CHELTENHAM PUBLIC ABATTOIR**

**ANNUAL SUMMARY ENDING 1954**

	Cattle Excluding Cows			Cows	Calves	Sheep and Lambs	Pigs	Totals
	Bulls	Steers	Heifers					
Number killed	27	1050	1640	570	2106	16,161	5072	26,626
Number inspected	27	1050	1640	570	2106	16,161	5072	26,626
<b>All diseases except Tuberculosis</b> Whole carcasses condemned	Nil	3	1	15	110	78	57	264
Carcasses of which some part or organ was condemned	17	328	371	387	23	741	1515	3382
Percentage of the number inspected affected with disease other than Tuberculosis	62.96	31.52	22.68	70.52	6.31	5.06	30.99	13.61
<b>Tuberculosis only</b> Whole carcasses condemned	1	1	5	7	1	Nil	3	18
Carcasses of which some part or organ was condemned	3	59	92	91	3	Nil	281	529
Percentage of the number inspected affected with Tuberculosis	14.81	5.71	5.91	17.19	0.18	Nil	5.59	2.05

## Total Weights of Meat and Organs Rejected, 1954

	Tons	Cwts.	Qrs.	Lbs.	Tons	Cwts.	Qrs.	Lbs.
<b>Bovine</b>								
Meat in Carcass	9	16	0	20				
Meat not in Carcass	—	15	0	4				
Organs and Viscera	17	3	0	12				
<b>TOTAL</b>					27	14	1	8
<b>Ovine</b>								
Meat in Carcass	1	17	2	1				
Meat not in Carcass	—	1	2	17				
Organs and Viscera	1	15	1	12				
<b>TOTAL</b>					3	14	2	2
<b>Swine</b>								
Meat in Carcass	2	4	3	12				
Meat not in Carcass	1	19	0	21				
Organs and Viscera	6	12	1	2				
<b>TOTAL</b>					10	16	1	7
<b>TOTAL CARCASS MEAT</b>	16	14	1	19				
<b>TOTAL ORGANS AND VISCERA</b>	25	10	2	26				
<b>TOTAL</b>					42	5	0	17

## CYSTICERCUS BOVIS

Fifty cases of cysticercus bovis were diagnosed among cattle slaughtered at the Abattoir during the year 1954. The overall rate of infestation was 1.52%. This was a decrease as compared with incidence figures of the previous year (2.01%).

The following incidence rates are recorded for information.

## SEX INCIDENCE

	<i>Number Killed</i>	<i>Number Infested</i>	<i>%</i>
Bulls ...	27	1	3.70
Cows ...	570	5	0.87
Heifers ...	1640	25	1.52
Steers ...	1050	19	1.80

## REGIONAL INFESTATION

External Masseter Muscles	19	32.20
Internal Masseter Muscles	2	3.39
Heart Musculature	36	61.02
Other Sites	2	3.39

## CONDITION OF CYSTS

Degenerated	55	93.22
Viable	4	6.78



With the advent of decontrol of meat the following arrangement was instituted. When a carcass was found to be infested in a localised extent, the owner of such a carcass signed a Cold Storage Certificate undertaking to subject the carcass to specified cold storage treatment. Upon the expiration of the cold storage period he applied for and again signed a Release Certificate, which conditionally had to be produced at the cold storage premises before final release was permitted. This system was found to work very satisfactorily.

### CARCASSES REJECTED AS TOTALLY UNFIT—1954

DISEASES	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Totals
Acetonaemia	—	—	—	—	—	1	—	1
Arthritis—Acute Septic	—	—	—	—	—	1	—	1
Anasarca	—	—	—	—	1	—	1	2
Anaemia	—	—	—	—	—	1	—	1
Bovine Piropiasmosis	—	1	—	—	—	—	—	1
Contamination—General	—	—	—	—	—	2	1	3
Congestion—General	—	—	—	—	—	5	—	5
Dropsy—General	—	—	—	—	1	1	—	2
Emaciation—Pathological	—	5	—	1	3	20	1	30
Enteritis—Acute Septic	—	—	—	—	—	1	2	3
Enteritis—Acute Gastro	—	—	—	—	—	—	11	11
Fever	—	—	—	—	6	—	5	11
Immaturity	—	—	—	—	6	—	1	7
Joint Ill	—	—	—	—	85	—	—	85
Jaundice	—	—	—	—	1	—	1	2
Moribund	—	—	—	—	—	1	—	1
Malignant Oedema	—	—	1	—	—	—	—	1
Metritis—Acute Septic	—	1	—	—	—	3	—	4
Mastitis—Acute Septic	—	5	—	—	—	2	—	7
Nephritis—Acute Septic	—	—	—	—	—	—	1	1
Odour	—	—	—	—	1	—	—	1
Pyaemia	—	—	—	1	1	3	1	6
Pyaemia—Umbilical	—	—	—	—	2	—	—	2
Pneumonia—Acute Septic	—	—	—	—	1	7	5	13
Peritonitis—Acute Septic	—	1	—	—	1	5	10	17
Pericarditis—Acute Septic	—	—	—	—	—	1	3	4
Sapraemia	—	—	—	—	—	1	—	1
Septicaemia	—	2	—	1	1	2	1	7
Swine Erysipelas—Acute	—	—	—	—	—	—	3	3
Swine Fever	—	—	—	—	—	—	10	10
Tuberculosis—Generalised	1	7	5	1	—	—	3	17
Tuberculosis—Congenital	—	—	—	—	1	—	—	1
Toxaemia	—	—	—	—	—	2	—	2
Toxaemia—Pregnancy	—	—	—	—	—	19	—	19
TOTALS	1	22	6	4	111	78	60	282

### SLAUGHTER OF ANIMALS ACTS, 1933 to 1954

Licences were granted or renewed to thirty-one Slaughtermen. Those issued after 1st October, 1954, authorised the holder to slaughter cattle, calves, sheep and pigs and specified the type of stunning instrument to be used.

### **PRIVATE SLAUGHTERHOUSES**

One Slaughterhouse was licensed for short consecutive periods during the year.

### **RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951**

Samples of rag flock, cotton felt and coconut fibre were taken—all were satisfactory.

### **PET ANIMALS ACT, 1951**

Eight licences were granted to keep Pet Shops.

### **RODENT CONTROL**

As a result of illness among the staff in this section during the year, it was not possible to carry out a further street-by-street survey ; this has, however, been offset by extensive treatments in connection with rats emanating from the sewers.

Although regular six-monthly sewer maintenance treatments—as instructed by the Ministry of Agriculture, Fisheries and Food—are carried out, there are still, in the Borough, a number of old and defective brick-built sewers and, until these are replaced by modern piped sewers, there are bound to be rat infestations, many of a recurrent nature. This is reflected in the comparatively high percentage of “ takes ” shown during the maintenance treatments carried out during the year.

A careful watch has been kept on the rat infestations in pig-sties on the allotments referred to in my last report, and a considerable improvement in the position is now evident.

At the request of the Ministry of Agriculture, Fisheries and Food, this Department assisted with a stand at the Home Safety Exhibition held in Cheltenham in September.

# PREVENTION OF DAMAGE BY PESTS ACT, 1949

## PART 1—RATS AND MICE

		<i>Rats</i>	<i>Mice</i>	<i>Total</i>
1. Complaints Received :	...	299	253	552
2. Number of Premises Inspected :				
(a) As a result of complaint				
Private Dwellings	...		343	
Business Premises	...			
Premises under Agreement	}		88	
Local Authority Properties			2	
			—	433
(b) As routine visit or survey				
Private Dwellings	...		203	
Business Premises	...			
Premises under Agreement	}		83	
Local Authority Properties			30	
			—	316
3. Number of Premises found to be infested :				
		<i>Rats</i>	<i>Mice</i>	
Private Dwellings	...	196	210	406
Business Premises	...			
Premises under Agreement	}	63	90	153
Local Authority Properties		23	6	29
			—	588
4. Number of Visits Paid :				
		<i>Rats</i>	<i>Mice</i>	
(a) For inspection	... ..	495	261	756
(b) For treatment	... ..	1996	1146	3142
			—	3898
5. Annual Agreements :				
Number in force (1953)	31	(1954)	25	
Total Value	£339		£299	
6. Sewer Maintenance Treatments :				
Total number of manholes in Borough	... ..			1245
Maintenance Treatment No. 15 (March, 1954)				
Number of sewer manholes baited	... ..		146	
"      "      "      where bait taken	... ..		87	59%
Test Bait (August 1954)				
Number of sewer manholes baited	... ..		112	
"      "      "      where bait taken	... ..		43	38%
Maintenance Treatment No. 16 (Sept. 1954)				
Number of sewer manholes baited	... ..		153	
"      "      "      where bait taken	... ..		100	65%

## PART II—OTHER PESTS

During the month of August, no less than 137 visits were paid by staff of this section to deal with wasps' nests in the town ; for this service a set charge is now made.

### 1. Complaints received :

<i>Ants/ Flies</i>	<i>Beetles</i>	<i>Moles</i>	<i>Pigeons</i>	<i>Rabbits</i>	<i>Wasps</i>	<i>Total</i>
20	58	3	14	—	111	206

### 2. Number of Visits Paid :

Inspection	1	6	—	—	—	7
Treatment	82	212	22	300	3	244
						863

## MISCELLANEOUS

It sometimes happens that nuisances not strictly within a Sanitary Inspector's purview, are brought to his notice in conjunction with other complaints and where possible an effort is made to remedy matters. Two such instances occurred during the year and concerned almost identical circumstances.

Complaints were received from the occupiers of houses next door to public houses, that smoke from the stoves in the skittle alleys was creating a nuisance and moreover, as the living rooms and sculleries adjoined the skittle alleys, life during the evenings was intolerable owing to the noise of the wooden skittle balls.

The licensees at both premises took immediate steps to alleviate the smoke nuisances by changing from nutty slack to coke and they also agreed to substituting the wooden balls with rubber balls to mitigate the noise nuisances.

## ABATTOIR HORSE

Mention was made in my report for 1952 of the success of "Bonnie," the Abattoir mare, at local horse shows over the past years.

It is pleasing to record that her successor, "Prince Charles," a grey gelding aged 5 years, shows promise of becoming as well known to horse lovers in the district. During his first year with the Department he was entered in four shows and received the following awards :—

Three Counties Show	<b>Class 152</b> , very highly commended.
S.S. and S. Gymkhana Club Horse Show	<b>Class 3</b> (Cart Mare or Gelding), Second Prize. <b>Class 6</b> (Heavy Weight Trade Turnout), Second Prize plus R.S.P.C.A. medal for "Best cared-for Horse and Working Harness."
Gloucester & District Horse Show	<b>Class 11</b> (Best Kept Horse and Working Harness), Second Prize.
Cheltenham Horse Show	<b>Class 10</b> (Cart Mare or Gelding), Third Prize. <b>Class 16</b> (Tradesmen's Heavy Turn-out), Fourth Prize plus R.S.P.C.A. Silver Perpetual Challenge Cup for "Best cared-for Horse and Working Harness."



## CHIEF SANITARY INSPECTOR'S STAFF

as at 31st December, 1954

## TECHNICAL

Deputy Chief Sanitary Inspector	<i>J. F. Ursell, D.P.A., M.I.San.E., F.S.I.A., M.R.San.I., *†</i>
District Inspectors	<i>A. L. Jones, M.S.I.A., San.Science R.S.I., *† H. Stone, M.S.I.A.*† G. J. C. Buck, M.S.I.A., M.R.San.I.*†</i>
Pupils	<i>R. J. Wintle, A.R.San.I., A.S.I.A.† (National Service) T. W. Camsey</i>

## ABATTOIR

Meat Inspector	<i>J. A. McPherson, M.S.I.A., M.R.San.I., M.Inst.M., M.R.S.A. (Scot.)*†</i>
Superintendent	<i>T. W. Agg</i>
Assistant Superintendent	<i>E. W. Yeates</i>
Carter	<i>R. J. Wiggett.</i>
Stoker	<i>W. J. Roberts.</i>

\*Certified Meat and Food Inspector, R.S.I. † S.I.E.J.B. Certificate.

## DISINFECTION AND DISINFESTATION

Disinfection Officer	<i>G. Cross.</i>
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## DRAIN-TESTING, ETC.

Operator	<i>W. Taylor</i>
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## RODENT CONTROL

Pests Officer	<i>A. Anson.</i>
Operators	<i>G. Richardson. H. J. Nunney.</i>

## CLERICAL

Senior Clerk	<i>D. Y. Harrison.</i>
Clerical Assistant	<i>Miss N. E. Padfield.</i>
Chief Sanitary Inspector's Secretary	<i>Miss M. E. J. Edden.</i>
Shorthand-Typist	<i>Miss G. Kear.</i>
Junior Clerk	<i>Miss B. A. Reynolds.</i>